One Answer to Cancer

Doctor William Donald Kelley

Revised Edition
1974

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As a lay organization we cannot prescribe nor endorse any therapy, only provide enlightenment on the current status of various cancer therapies, approaches to prevention and research achievements.

This booklet is distributed by the International Association of Cancer Victims and Friends, Inc., Box 3718, Beverly Hills, California 90212. Please direct all inquiries to I.A.C.V.F. at this address.

1974

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One Answer to Cancer

AN ECOLOGICAL APPROACH TO THE SUCCESSFUL TREATMENT OF MALIGNANCY

by
WILLIAM DONALD KELLEY, B.A., D.D.S., M.S., F.I.C.A.N.

THE KELLEY FOUNDATION
1974

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Dr. and Mrs. W.D. Kelley
July 1974

Mrs. Kelley (Suzi) is the President of The Kelley Foundation
Dr. Kelley is the author of this booklet and nutritional consultant
for the Foundation

PREFACE

HEALTH is a wonderful possession. It does not last forever – although most of us assume it will. It is not until we lose our health that we seek diligently to regain it. Often it is too late, and always too expensive.

It is the purpose of The Kelley Foundation to help those who desire better health and who are willing to work for their better health. It is ever the objective of the Foundation to treat the person who has the disease, not to treat the disease who has the person.

It is our desire to advise, teach, and counsel a person in such a way that he and he alone is responsible for his health. A doctor cannot cure you of anything. If you have a broken arm the physician may set it – but only you – your own body – may "cure" or heal the break. Of course, during your lifetime you will need the help of many in the healing professions: the physician, the dentist, the osteopath, the chiropractor, the naturopath, the biochemist, the nutritionist, the nurse, the therapist, and last, but not least, the spiritual counselor. Although these may give you aid, you must assume the responsibility of accepting and following their advice.

In researching some of the more complex disease processes, it became more and more evident to us that cancer was a simple deficiency disease. We have proven this to our own satisfaction, and to the satisfaction of many patients.

This publication is a simplified, condensed, practical application of our investigations and findings. We present these findings because there have been so many prayers unto God for a solution to this simple problem. In the long run, YOU, the people, will have to gently guide the medically trained men to accept such a simple thesis on cancer.

To successfully treat cancer, however simple, is a tedious and lengthy nutritional process. It is not expensive as compared to the "accepted" surgical, radiological, or chemo-therapy methods, and has proven very effective.

It is our desire that this booklet be a helpful aid to many who are themselves or have loved ones afflicted with malignancy.

William Donald Kelley
December, 1967

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CHAPTER I

"PHYSICIAN HEAL THYSELF"

Jesus the Christ said, "Physician Heal Thyself." What is the true teaching behind this beautiful saying? What was Jesus really trying to say? It involves the true meaning of cure – cure for anything. It is so often said, "I went to Dr. Jones and he cured me." Nothing could be further from the truth. No matter how many years a doctor has gone to school, no matter how many college degrees he may have, a doctor can cure only one person – HIMSELF. It is important that you understand that only you can cure you of anything!

It is you and your body chemistry that cures you of your disease. In doing this you must take note that you are physical, mental, and spiritual; each facet plays a part in your cure. Your physician or clinician can only bring to your attention some of the basic laws of God concerning health. Unfortunately many clinicians do not know the laws of God concerning health, even though they are honest and sincere, and even try their hardest.

God's Law of Gravity is in effect when you jump off a 21-story building, whether you understand that before you jump or not. You will surely plunge to earth with such force that it will destroy you unless you involve another law of God counteracting the Law of Gravity.

In light of Jesus' teaching, "Physician Heal Thyself," I can truthfully say that I have cured or healed myself of cancer (malignancy); I can cure myself again if it ever becomes necessary. Better still, I have learned God's Law of Health concerning malignancy (cancer) and I will ever invoke this Law that I will not have the disease again.

Although I am a clinician, I have no intention of treating anyone for cancer. I am even more than the clinician – I am the *teacher.* It is, therefore, the purpose of this publication to instruct you in God's

Law concerning malignancy (cancer), and to teach you the mechanics of invoking this Law that you might have a body free of the dread affliction.

I call unto Yahweh, God, I AM that I am, to bless this publication – to send it forth to those who have the wisdom and need to use it. I trust that you, with God's help, will Damn malignancy (cancer) from all human beings and send it back unto Universal energy, its proper place in God's Kingdom.

* * * * *

I had cancer for more than three years before it ever dawned on me what the problem really was. At the height of the cancer I had less than one month to live. If I had not discovered God's Laws concerning cancer and applied them very diligently, I would not be here to share this information with you.

There is a saying in our medical world, "He who treats himself has an idiot for a patient, and a fool for a physician," and this may be true, but I would rather heed the advice of Jesus, "Physician, Heal Thyself." The scriptures seem to have more truth and work better for me.

With few exceptions, by the time one discovers he has cancer, he has had it for a very long time. This was true in my own case. Now that I know all the true early signs of cancer, I also know that I was being warned a long time before my case became clinical.

From time to time I would notice that I would belch a little gas – I didn't give it much thought – just supposed that I had eaten a little too much. A few months later I began to pass gas – a little at first – but finally it became so bad that it became embarrassing to me and my family as well. My first warnings.

My hobby is antique automobiles. One trip we made to Colorado in our 1923 Cadillac, I noticed that at dusk I found it difficult to read the road signs. I had to be right up to them before they became legible. I still didn't have the good sense to even suspect cancer, and didn't give it much more thought until two months later when I was showing my slides and movies to the Antique Automobile Club. I couldn't seem to get the pictures to focus. I thought I had damaged my camera, but the club members said that the pictures were very clear and that I had better have my eyes checked.

Finally, I gave in and made an appointment with the Ophthalmologist for an eye examination. To my horror he prescribed bifocals.

My protests that 35 was too young for bifocals were for naught, and I could see my pictures and road signs better. My second warning.

Things went on about the same for 3 or 4 months, when I began to notice that if I sat in one position for more than 20 minutes I would have muscle aches – particularly in the back. My physician, after several visits, finally gave me a muscle relaxant; and I was still too naive to suspect cancer. The medication didn't help much, and in another month or so I began to have pains in my chest. This, of course, scared me considerably, and I rushed to the physician once more.

Over the next few months several electrocardiograms were made and nothing out of the ordinary showed. It couldn't, because the pain was from the chest muscles – a wonderful sign of cancer – but, as usual, I was oblivious to the true early warning signs. My third warning went unheeded.

A long, long horrible period of mental depression followed. Another early true warning sign that cancer is rearing its ugly head. I even went to my physician and begged for help and asked for an antidepressant drug. By this time he was fed up with me, and he sat me down and carefully explained that there was nothing wrong with me. My heart was better than his; it was time for me to stop worrying about it; after all, it was only in my mind.

As cancer progresses it gives off a poison that makes one very depressed and there is a feeling of impending death most of the time. Gradually, during the entire three years of early cancer growth in my body, I became weaker and weaker. By this time I knew something very tragic was taking place, but I did not know what, and still did not have the good sense to even suspect cancer.

My job, the work I loved so very much, became distasteful. I wanted to give up – start a new profession – anything to try to regain an interest in life. After fourteen years of college training for a job I loved to do, I was contemplating junking it all. After eight years of clinical practice and research, I found myself ready to throw in the towel. It is quite a terrible feeling to be so sick and not be able to understand why or put a name on it. My thinking became fuzzy, unclear, irrational. A fourth warning, and still no suspicion of the culprit!

During these several months of extreme depression, my hair began showing signs of lifelessness, becoming brittle and coarse. I was losing some and what was left was fast becoming grey. (Warning five also escaped my attention.)

Also, at this time I developed a hernia which is typical of those who have a long, slow malignant growth.

I was feeling so badly that I reluctantly returned to my physician. He admitted that there might be something wrong with me and sent me off to a specialist. After many tests and three months' time, he made the suggestion that I have my pancreas biopsied. This was quite a shock to me, and it then dawned on me the true condition of my body.

Although I had been doing cancer research for several years, it never occurred to me that I could have the condition. Of course, only the cancer victim can understand the fear and despair that overwhelmed me. This even hit me harder than the average, because I had been studying and researching the details of cancer and had a firsthand insight into the horror of horrors.

When I had felt so badly a year or so earlier I did add to my life insurance program a sizeable sum, and felt that my wife and children could make it for a few years after I was gone. I felt so bad – knew so much – and had no hope at all.

By this time I had found a very reliable biochemical test for the early detection of cancer. I'll never know why I wasn't among the first to be tested. Probably, I was afraid, since nothing could really be done.

As soon as I realized my true situation, I decided not to take any new patients and prayed that I had time to complete the work with the patients under my care. It took me about two weeks to overcome the shock and accept my fate, although I did not like it at all. Then I decided to run our biochemical test on my own family. The results were deeply shocking. Four of my immediate family had cancer also.

I changed my mind and decided not to accept an early death as my fate, and accepted instead my fate of life and my duty to teach others God's Laws concerning cancer as they were revealed to me over the next few years as I applied these Laws to myself and those who asked for my guidance.

The story of how all this developed would take days to relate, so I will only teach you the Laws and the mechanics of applying them. After all, this is all that is necessary. I don't have to know how many bolts are in my automobile to be able to drive it and apply the proper laws and principles.

Cancer, then, is nothing more than a simple deficiency disease. You cannot have cancer if an adequate amount of active pancreatic enzymes reach the site of the malignancy. It is just that simple. The true early signs of cancer are the signs of inadequate protein metabolism.

True Early Signs of Cancer

1. Gas on stomach or bowel
2. Sudden weakness of eyes
3. Tired feeling most of the time
4. Muscle weakness and cramps – first in back, then in chest
5. Extreme mental depression
6. Sudden change in hair texture, color
7. Development of various hernias (only in slow growing tumors)
8. Confusion – difficult to make even simple decisions

CHAPTER II

CANCER IS A DEFICIENCY DISEASE

NO PERSON NEED EVER HAVE A CLINICALLY SIGNIFICANT CANCER – LET ALONE DIE FROM IT!

The organized medical profession is spending close to two million dollars each day in the United States alone, to find a "cure" for cancer, and has never seriously investigated the possibility that cancer could be a deficiency disease.

Actually, the presence of a malignant tumor in an individual indicates that he has a deficiency of active pancreatic enzymes. Because most people are familiar with diabetes, and because cancer is so similar, we use this analogy:

1. Diabetes is a disorder of carbohydrate metabolism due to inadequate production or utilization of insulin. Malignancy is a disorder of protein metabolism due to inadequate production or utilization of enzymes
2. Insulin is produced in the pancreas. Enzymes are also produced in the pancreas
3. Insulin production is controlled by a neurological process. Enzyme production is controlled by a neurological process
4. Diabetes can be determined or verified by a simple urinalysis. Cancer can be determined or verified by a simple urinalysis
5. The amount or severity of diabetes can be determined by an urinalysis. The amount or severity of cancer can be determined by an urinalysis
6. Diabetes can often be controlled by diet alone. Cancer can often be controlled by diet alone (See Chapters VI, VII, VIII)
7. Diabetes can almost always be controlled by the proper dosage

of insulin. Cancer can almost always be controlled by proper dosage of enzymes

8. A diabetic can live a long useful life and never die as the result of diabetes. A cancer victim can live a long useful life and never die as the result of cancer
9. A diabetic *must* control his diabetes the rest of his life by diet or medication or a combination of both. A cancer victim *must* control his cancer the rest of his life by diet and/or dietary supplements
10. The diabetic and the cancer victim alike must seek professional help to determine and regulate the condition, but it is up to the individual to administer to himself the proper diet and missing medications and/or supplements

Let us summarize by restating: MALIGNANCY INDICATES AN ACTIVE PANCREATIC ENZYME DEFICIENCY.

CHAPTER III

WHAT IS CANCER?

Tumor, and often "cancer" is a term used by the medical professions to classify both the fast growing malignant tumor, and the slow growing benign tumor.

We are, however, vitally interested in the fast growing malignant tumor which, if allowed to grow unchecked, will cause death. It is this type of growth which we refer to as cancer in this booklet and to which our principles are applicable.

Today most clinicians have the mistaken belief that cancer is complex; a number of different diseases, each having its own cause. Nothing could be further from the truth. When one studies the history of a disease he finds a developmental pattern.

First, it appears to be many different diseases, depending upon which organ or part of the body is attacked. (Leukemia – cancer of liver, etc.)

Second, it seems to be caused by many different things

Third, eventually someone discovers apparently the different diseases are in truth one disease

Fourth, someone else figures out that since there is only one disease, there must be one cause

Fifth, everyone thinks he has found the cause

Sixth, there is a long period of trial and error where everything from snake oil to cobalt is "the cure"

Seventh, someone really finds the simple solution – usually on his own and independent of institutional or governmental grants and controls

Eighth, this individual spends the rest of his life, "Crying in the Wilderness," like a prophet trying to get organized medicine to freely take and use his ideas or cure. But, because it is so simple, organized medicine ignores him and refuses even to consider it until –

Ninth, a promoter, usually a large drug company, sees a chance to make a large fortune

Tenth, the drug company then runs a pseudo-study of 28 or 74 cases, and announces a great discovery

Eleventh, the drug company rushes many salesmen with free samples to the doctors' offices

Twelfth, the doctor is a hero, the drug company is wealthy. Finally the remaining patients are cured, and everyone is happy.

Many are old enough to have watched this development of a "cure." Particularly, this has been true of tuberculosis, rickets, diabetes, polio, and the infectious diseases.

Most doctors, even the research scientists, suppose cancer is caused by such things as viruses, x-rays, smoking, chemicals, sunlight, trauma, etc. These, sometimes, are an indirect cause. The direct cause, according to our research, is the changing of an ectopic germ cell into an ectopic trophoblast cell. An excess of female sex hormones brings about this change. Both men and women have male and female sex hormones. When this delicate male-female sex hormone balance is upset, cancer may start.

Let us explain this a little further. In the human life cycle the male sperm unites with the female egg. Now if this fertilized egg would grow directly into a new baby, we would have no cancer or cancer problems; but nature does not act so simply and directly, for if she did, the newly formed embryo (baby) would fall out of the uterus. Therefore, nature had to develop some way to attach the new embryo to the wall of the uterus and some way to nourish (feed) it.

Actually, therefore, the fertilized egg gives rise to three basic kinds of cells: (1) Primitive germ cells, (2) Normal body or somatic cells, (3) Trophoblast cells.

The egg is fertilized by the sperm in the fallopian tube of the mother. By the third day this fertilized egg has fallen into the uterus. During the three days and for many days thereafter, the trophoblast cells (cancer cells) are growing very rapidly and surround the other two types of cells (primitive germ cells, and normal body or somatic cells).

This new baby will fall out of the uterus unless something happens fast, and happen it does. The trophoblast cells metastasize (as cancer does) to the wall of the uterus. Now the baby cannot fall out of the mother's uterus, but it needs nourishment. The trophoblast cells (cancer cells) continue to grow rapidly and form the placenta. Now with a good food supply and no danger of falling out of the mother, the baby (embryo) can continue to grow, safe and sound, until birth.

The placental trophoblastic tissue (cancer mass) continues to grow until about the seventh week when the baby's pancreas develops. The baby's enzyme production along with the mother's enzyme production stops the growth of the placental trophoblastic tissue.

As the new embryo (baby) is being formed from the normal body or somatic cells, the primitive germ cells are multiplying. In a few days when the embryo (baby) develops to the proper stage, the primitive germ cells stop multiplying and begin to migrate to the gonads (ovaries or testes).

There are about three billion of these primitive germ cells that fatigue and never have the vital force necessary to reach the gonads. This means that there are two germ cells for every area the size of a pin head dispersed throughout your body. Any one of these germ cells is a potential cancer. This is why cancer can form in any part of the body. All that is needed is an imbalance of sex hormones and the embryonic destiny of these basic germ cells. The imbalance of sex hormones can take place at any time.

When it is all said and done, cancer is a normal growth of tissue (placenta) due to the development of a basic germ cell in the wrong place (outside the uterus). Sometimes this placenta also has a "baby" or benign tumor inside of it much like a normal pregnancy – only it is in the wrong place.

Malignancy, therefore, is never normal (somatic) tissue gone into wild proliferation, but a normal primitive germ cell growing normally in the wrong place.

CHAPTER IV

DO I HAVE CANCER?

"Do I have cancer?" Often doctors are reluctant to tell patients they have a malignant tumor. The shock is sometimes more than the patient can psychologically accept. Many patients act irrationally due to fear and hopelessness, built up by organized medicine.

With our present knowledge of malignancy, a cancer victim should rejoice at the early diagnosis, because no one need ever die from cancer.

How, then, do you obtain an early reliable diagnosis? Before we can answer this satisfactorily, we must look at the present chaotic state of accepted diagnosis.

CLINICAL JUDGMENT

Clinical judgment is the most widely used method of cancer detection, especially since the public has become aware of "Cancer's Seven Danger Signs." People who call these signs to the attention of their physicians are a great help in preserving their own life.

"Cancer's Seven Danger Signs"

1. **Any sore that does not heal**
2. **Lump or thickening in breast or elsewhere**
3. **Unusual bleeding or discharge**
4. **Any change in a wart or mole**
5. **Indigestion or difficulty in swallowing**
6. **Hoarseness or cough**
7. **Any change in normal bowel movement**

At the very best, clinical judgment is inadequate because by the time a tumor is clinically significant it is *many* months old.

BIOPSY

After the physician suspects a malignant growth he recommends that a biopsy be taken and a pathological evaluation be made.

The advantages of the biopsy are:

1. *Type of malignancy may be determined*
2. *If total tumor is removed for biopsy it could be curative*
3. *The location of the tumor may be indicated*

The disadvantages of the biopsy are:

1. *It is useless for screening purposes. (Quick testing of large populations)*
2. *Biopsy tells only the degree of the malignancy of the tissue being examined – but tells nothing of other tumors or other metastases in the body at the same time. Many times the physician will take a biopsy of a breast and tell the patient she has a benign tumor – unknown to the doctor the patient has a fatal malignant tumor elsewhere in the body. Unfortunately both doctor and patient develop false security*
3. *Often when a biopsy is made it is impossible to determine between a benign and a malignant tumor. In a case of this kind, radical surgery is recommended when there may be no need for surgery at all*
4. *Often while making a biopsy the malignant tumor is cut across which tends to spread or accelerate the growth. Needle biopsies can accomplish the same tragic result*
5. *By the time a biopsy is evaluated it may be too late for treatment*
6. *Biopsies cannot measure improvement or growth of tumors as treatment progresses*
7. *After surgery a biopsy cannot tell if total cancer has been removed*
8. *A biopsy is not always feasible, and is always inconvenient*
9. *A biopsy cannot determine when a cancer reoccurs until it is very large*
10. *A biopsy cannot tell the total amount of malignant tumor present in the body*
11. *A biopsy employed carefully and in selected cases may do no harm; but if used indiscriminately, it may spread the disease and shorten life.*

Under the very best of conditions the accepted methods of clinical judgment and biopsy are inadequate. This is not specifically the fault of your doctor, for he is doing the best he knows how. His education or knowledge is lacking in this area. When some "accepted" drug company or promoter tells him of our better method of cancer diagnosis, he will be the first to accept it, for he knows as well as you do that the entire cancer diagnosis/treatment system is ineffectual.

URINALYSIS

Over 30 years ago urine tests began to be developed which could easily and effectively determine the presence of malignant tumors. Many doctors used them not only in the United States, but in many countries throughout the world. These tests were never universally accepted because:

1. They were not under the control or manufacture of a major pharmaceutical company
2. The doctors did not know how to properly use them
3. They were too effective — 90% to 95% correct - which is very high for any laboratory test

The most notable of these tests were: The Beard Biological Test for Malignancy; The Beard Milk Assay Test; The Beard Anthrone Test; The Navarro Immunological Test; The Raffo Test; and The Sakai and Aron Tests.

These tests were so sensitive they could tell when a malignant tumor was two weeks old. Some tests were developed that could tell if cancer was present from the 2nd to the 14th day. This presented an insurmountable problem. Many people showed a positive test and the physician could not find clinical signs to verify it. The doctors then said the urine tests were worthless.

However, from 6 to 36 months later clinical symptoms would appear. Unfortunately the physicians had already taken their stand against the tests and would not admit their error. Biochemically, then, we can always determine the presence of a malignant tumor before clinical signs appear and many times several years before. The advantages of the urine tests are:

1. *Very early diagnosis – from 6 months to several years before clinical signs*
2. *They measure the improvement or failure of improvement as treatment progresses. They can tell when and if a treatment being used is effective*

3. *They are safe and do not spread the disease*
4. *If surgery is used, any postoperative cancer left is easily detected*
5. *If malignancy reoccurs, it is discovered early*
6. *They eliminate any errors due to selection of the wrong tissue, as often occurs in a biopsy*
7. *Cells or tissue are not needed for the test*
8. *They are positive for malignant tumors and the benign tumors cannot be mistaken for malignant*
9. *Tests are almost 95% accurate*
10. *They eliminate the fear of surgery and the possible error of biopsy*

The disadvantages of the urine tests are:

1. *Location of the malignancy is undertermined*
2. *The type of malignancy is undertermined*
3. *There is a false positive in pregnancy, some diseases of the liver, and when a patient is being treated with sex hormones*
4. *There is a false negative in some diseases of the liver*

EARLY CANCER DETECTION

Probably one of the simplest tests ever developed for cancer is our "Self Test" or "Enzyme Test." This is a most effective diagnostic tool that can almost always determine the presence of cancer in the early stages and frequently in the terminal stages. The most effective range of this test is for cancerous conditions which are from six to thirty-six months in age – months before a doctor can clinically find them.

THE SELF TEST FOR CANCER
or
THE KELLEY ENZYME TEST[1]

Procedure:

Take six to eight pancreatin tablets (1200 mg. N.F.) after each meal for four weeks.

Results:

If, during or by the end of this time:

A. You feel worse, have a loss of appetite, nausea, headache,

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[1] It must be remembered that this test is an early detection test. If a sizeable malignant tumor is present, large enough for clinical detection, you could get a negative reaction or what is called in the medical world a false negative test.

"goopy" sick, toxic, or in general listless, you can be assured there is a cancerous condition present in your body

B. You feel better - have more energy and a brighter, happier, outlook, you can be assured there is a pre-cancerous condition in your body

C. You feel no different, you can be reasonably assured there is not a cancerous condition present

This self test should be repeated every six months, as cancer can develop anytime on anyone.

KELLEY INDEX OF MALIGNANCY

The most accurate and extensive cancer detection system ever developed is THE KELLEY INDEX OF MALIGNANCY. This evaluation determines the presence or absence of cancer, the size and growth rate of the tumor, the location of the tumor mass, prognosis of the treatment, age of the tumor, and the regulation of medication for treatment. We prefer to use this system of evaluation and find it far superior to any other method of detection.[2]

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[2] The Kelley Foundation, P.O. Box 89, Grapevine, Texas 76051 – Phone 817/481-4516

CHAPTER V

ECOLOGICAL THERAPY

The person who has the disease should be treated, not the disease that has the person. We call our system of cancer principles *Ecological* because the total person and his total environment must be considered in order to give proper treatment. The patient's entire way of life must be changed.

We advise a very comprehensive program which is extremely effective. *Those who are willing to faithfully and tediously follow it will be successful.* Those who follow it in part or haphazardly will be completely unsuccessful.

Our program is based on the best scientific knowledge available and has been condensed to a simple well balanced system. Ecological Therapy can be compared to a fine watch; each part must be there and be working properly or it does not work at all. Each step of the Ecological treatment must be followed exactly or there will not be any relief of the condition.

We have found that halting or stopping the malignant growth is relatively simple. The clinical problem in treating a cancer victim is clearing the body of accumulated toxins. The growth is usually stopped from within 3 hours to 12 days of Ecological treatment, depending upon the amount and method of administration. This is usually noted by a sharp elevation of body temperature lasting about 3 days. Then comes the long laborious period of detoxication. This takes from 3 months to 12 months, depending upon the location and mass amount of growth. Many cancer victims have had their tumors successfully treated only to die of toxic poisoning as the mass is dissolved and excreted from the body; the clinician treated the disease and not the patient, or failed to treat Ecologically.

The prognosis for a cancer victim is very good when the liver, kidney, and lung functions are at least 50% of normal, and an optimistic spiritual attitude is maintained. Unfortunately, we have found many people who have lost hope, or their next of kin have lost hope, to the degree they were resigned to death and refused to try our system of therapy.

We find that the rate of recovery is subject to another law – that of blood supply. If the rate of blood supply to an area is great, recovery is fast. If the blood supply to an area is inadequate, recovery is very slow. Thus, we find those with Hodgkin's Disease respond quickly, while those with brain and bone afflictions have a much slower response. We have also noted that in tumors of large diameter (three or more inches) the outside diameter is quickly dissolved, but the interior, where there is usually a lack of blood supply, often takes several months to dissolve. This is a very wonderful thing; the body has time to detoxify and the death rate from toxemia is greatly reduced.

Basically the Ecological system involves five essential steps. Each step will be discussed in the following sections:

1. **Supplemental nutritional therapy**
2. **Detoxification of the body**
3. **Adequate, proper, well balanced diet**
4. **Neurological stimulation**
5. **Spiritual attitude**

CHAPTER VI

SUPPLEMENTAL NUTRITIONAL THERAPY

Cancer is basically a deficiency disease – a deficiency of the pancreatic enzymes. This is a deficiency of the free active enzymes in tissues of the body. There are at least six reasons why enough enzymes are not available to digest the cancer:

1. *The pancreas fails to produce an adequate quantity of enzymes*
2. *We take into our bodies such large quantities of foods that require pancreatic enzymes for their digestion that there are none available for the cancer digestion*
3. *We may produce enough enzymes, but we fail to take into our diet enough co-enzymes (vitamins) to make the enzymes work.*
4. *Our bodies produce anti-enzyme factors. These factors keep the enzymes from digesting our own bodies. Sometimes we produce an over-abundant supply of these anti-enzyme factors.*
5. *Often we produce enough enzymes, but the blood supply to a cancer area is so poor the enzymes we produce are not carried to the area*
6. *We may fail to take into our diet enough minerals which are essential to release the enzymes into activity*

The essential thing, then, in treating a cancer patient, is to get the enzymes to the cancer area. We must have enough enzymes there to stop the growth, but not so many that the cancer will dissolve too rapidly and overload the body with toxic poisons.

The Kelley Foundation has noted several supplements which are useful and important to the cancer victim. There are eight which seem to be essential and necessary.*

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*See *Cancer News Journal* Interviews for further information, p. 53.

The time element is far more important than you can possibly realize. The supplements should be taken when the body is in the proper acid/alkaline balance. The times indicated are for the vast majority of cancer victims. Unless your individual tests show otherwise, you should make every effort to take the supplements at the exact times indicated.

1. NUTRITIONAL SUPPLEMENT – A perfectly balanced co-enzyme-vitamin-mineral compound. Lack of the co-enzyme is one of the major causes of enzyme failure

2. NUTRITIONAL SUPPLEMENT – A very effective digestant. Most cancer victims have difficulty in digesting and properly assimilating food. With the Kelley Almond Diet (Chapter VIII) this supplement is essential. The diet is very limiting and as much of the food as possible should be assimilated (taken after meals)

3. NUTRITIONAL SUPPLEMENT – A concentrated vitamin formula for C, bioflavonoids and rutin (to be taken every 3 hours while awake). It has been found that most cancer victims have a severe vitamin C deficiency, up to 4500 mg per day

4. NUTRITIONAL SUPPLEMENT – A balanced compound of natural organic minerals and trace minerals. This seems to stimulate the liver and act as a general metabolism activator of the enzymes on the individual cell level

5. NUTRITIONAL SUPPLEMENT – Almonds. We use these to replace meat (Chapter VIII). Almonds are a very excellent quality protein. They should be taken as directed only, no more and no less, and at the exact specified time only

6. NUTRITIONAL SUPPLEMENT – A balanced amino acid-lipoid substance. Since cancer is often caused by an excessive intake of protein, this compound is essential to the Kelley Almond Diet in order to maintain proper amino acid content for cell and tissue building and repair

7. NUTRITIONAL SUPPLEMENT – A specially formulated concentrated pancreatic enzyme combination. This is the substance that is most often missing in the body of cancer patients. It is absolutely essential to stop the malignant growth and digest the tumor. (Taken at 3:30 A.M. and 2:30 P.M.)
8. Probably one of the most important supplements is hydrochloric acid. This is especially true for those people over 40 years of age and all persons who are vegetarians. Hydrochloric acid is essential in the gastric digestion of all foods. It must be present to break down proteins. The most significant value of its use comes into play in mineral metabolism. Good mineral metabolism is absolutely necessary for the cancer victim because without minerals and their proper metabolism, the enzymes of the body will not function. Dosage is normally one or two tablets immediately after meals. For those persons who have a history of gastric ulcers, a careful regulation of the dosage is essential

All eight nutritional supplements must be taken until tests show negative. When this occurs, the patient may discontinue all supplements except 1,2, and 4. It is essential that supplements be taken as long as the index is positive. This is similar to taking insulin as long as the urine sugar is positive in diabetes.

These eight supplements are the basic ingredients for those who have malignancy. These are the nutritional factors commonly missing in all cancer victims and are mandatory before recovery is possible. The eight supplements in most cases are not adequate to rebuild and repair a badly ravaged body. For those who wish a complete nutritional program, many more supplements must be taken. Rebuilding a cancer destroyed body requires a very extensive and individualized program. Once health is regained, it is desirable to carefully and meticulously maintain it through proper diet and adequate supplementation.

It cannot be emphasized too strongly that after any malignancy is successfully treated and health restored, there must be a Self Test or Enzyme Test every six months. (See pages 14 and 15.)

Cancer is a deficiency disease – and just because you have a negative test once or even overcome one tumor – it is no guarantee that you will not have another tumor. Proper balance must be maintained.

A person who has had cancer will always be susceptible and must keep constant vigilance. If at any time the free active pancreatic enzymes in the body fall below the amount that are necessary to keep the cancer cells digested, malignancy will always redevelop. Many people make the false assumption that just because their first self test is negative they are free from cancer for life. This mistaken attitude has shortened the life of many.

Have YOUR Index or Enzyme (self) Test every 6 months – and be sure.

CHAPTER VII

BODY DETOXICATION

In reality a person very rarely dies directly of cancer. As the malignant tumor grows it gives off waste products which must be eliminated through the colon, liver, kidneys, lungs, and skin. These waste products accumulate and gradually overburden the body. Most persons, then, die of toxemia.

We recommend that the patient give serious consideration to the detoxication process even before he starts the nutritional supplements mentioned in Chapter VI. It is absolutely imperative that he carefully follow the detoxication process after he starts destroying the wastes and debris with the supplements.

Before any disease can be cured the waste products and impurities must be cleansed from the body. The sooner this is accomplished the quicker the body can repair. This is particularly true of cancer and the following steps must be taken.

I. CLEANING THE COLON

A. **Purging** – Immediately upon rising, take one tablespoonful of Epsom Salts dissolved in a half a glass of distilled water. In thirty minutes, repeat this. Repeat again in thirty minutes (three doses). If you find that Epsom Salts are too harsh a purgative, you may use one teaspoon of Di Sodium Phosphate (Standard Process Labs., 2023 West Wisconsin Avenue, Milwaukee, Wisconsin 53201) for each tablespoon of Epsom Salts. The Di Sodium Phosphate is not sold directly to the patient and must be obtained by a doctor.

The following alkalizing punch may be taken after two hours as you become hungry - one glass every hour, if desired.

Alkalizing punch: Juice of 6 fresh lemons
12 oranges
6 grapefruit

placed in gallon glass jar and filled with distilled water.

An orange or grapefruit may be eaten in the evening. The purge must be repeated for one additional day, or a total of two days every four weeks. If you are too weak, the purge need only be taken one day every three weeks.

During the purge, the body may undergo some rather uncomfortable sensations such as nausea, headaches, cramps, and dizziness. This is a result of the cleansing. Poisons that have accumulated for years are suddenly dumped and this is quite a shock for the system. These sensations are temporary and will disappear when the poisons are finally removed from the body. Purging must be repeated every three to four weeks for a year.

B. Fasting — After the purge, a fast must be started. The fast should also last for two days, unless you are too weak, and in this case, one day of fasting is sufficient until your strength is built up. We are now giving the body a rest and an opportunity to cleanse itself of much waste on the individual cell level. Some discomfort may also be experienced during the fast. Each day of the fast, one quart of fresh carrot juice and one pint of fresh celery juice should be taken, along with all the distilled water you desire. It is best to dilute the fresh juice with equal parts distilled water.

It is important to remember that unless sufficient fluids are taken the poisons become concentrated and are not eliminated in the natural way.

C. Enemas and Colonic Irrigations — A high enema, using coffee, should be given every morning for six months; then twice a week for eight months. The coffee enema is very stimulating to the liver and is the greatest aid in eliminating its toxic poisons.

If colonic irrigations are available, they should be given once a week for the first three months and occasionally after that depending upon the severity of the cancer condition. The advice of the doctor giving the colonic irrigations should be followed.

HOW TO TAKE AN ENEMA

At first, most people have a psychological barrier against and a dislike for enemas. This aversion is brought about by ignorance of the purpose and function of the enema, as well as misunderstanding of the proper procedure for taking an enema. It has been my experience, however, that the persons most opposed to enemas soon reverse their prejudices and become the most avid supporters of them! In many cases, the enema relieves distress and gives a sense of well being and cleanliness never before experienced. The proper removal of toxins and debris from the colon is absolutely essential in all conditions of disease and ill health and this is especially true for the cancer victim.

It is most desirable to take the coffee enema early in the morning and it may be repeated again in the early afternoon and/or evening, depending upon the toxic condition of the body. Enemas using coffee late in the evening may interfere with a sound sleep and if needed at that time, many patients prefer to use only warm distilled water for their enema, omitting the coffee.

It is the best procedure to arise each morning earlier than normal to allow time to take the enema in a relaxed, unhurried state. The steps for proper procedure are:

1. Upon arising, make a pot of coffee. The coffee must be regular, non-instant, non-decaffeinated coffee. This must be made in enamelware, corning ware, glass, stainless steel, or using the tricolator filter method. Do not use aluminum or teflon at any time! Use from 2 to 4 tablespoons of coffee grounds to 1 quart of distilled water. Anytime water enters into the body, it should be distilled. Those who have a tendency to become "jittery" or nervous from coffee should use a weaker solution (2 tablespoons of coffee grounds per quart of distilled water). If you have a limited time schedule in the mornings, the coffee may be made the night before and warmed to body temperature the next morning
2. While the coffee is cooling to body or room temperature, it is desirable to do some form of mild exercise such as jogging or walking briskly
3. This should be followed by a normal bowel movement. The enema is much more effective if the colon has been evacuated

4. After this, most people find that taking an enema with warm distilled water will be most helpful. This begins the cleansing of the colon, removing large particles of residue and most of the gas. When this is completed, you are ready for the coffee retention enema. The warm water enema is optional and does not need to be taken if you can retain the coffee enema for the desired length of time
5. By this time, the coffee has cooled to body or room temperature. Pour the coffee into an enema can or douche bag. The enema tip on the end of the hose is not adequate to give a "high enema." A colon tube of between size 24 to 32 should be purchased from the drug store and placed on the end of the enema tip

    a. The colon tube should be lubricated with K-Y Jelly or other lubricant
    b. It should be inserted 18 to 20 inches into the rectum. This can be done slowly in a rotating motion to prevent the tube from "kinking up" inside of the colon
    c. If the coffee does not run into the colon, the tube may have "kinked up" on itself and it can be partially removed until the flow of solution is felt and then returned to the full 18 to 20 inches into the colon
    d. The enema can or bag should not be over 18 inches higher than the body. If it is placed too high, the coffee runs into the colon too fast and under too much pressure, causing discomfort
    e. The body position can vary to suit the person. Many use the knee-chest position, placing the chest and knees on the floor with the buttocks in the highest position possible. Most people lie on the left side until the solution is out of the enema bag. The colon tube is then removed. You should stay on the left side for at least five minutes, then on the back for at least five minutes, then on the right side for at least five minutes. You should never try to take the enema while standing or while sitting on the toilet
    f. After retaining the enema for fifteen minutes or longer, it may be expelled

g. You are now ready for your regular daily routine – clean and refreshed!

The proper cleaning of the colon will do most to help the liver . This, along with the nutritional supplement, lecithin, and proper diet should help attain good liver function. (One teaspoon of granular soy lecithin should be taken one to three times a day – with meals for one year.)

II. CLEANING THE KIDNEYS

The kidneys filter approximately 4,000 quarts of blood daily. The wastes, largely urea, are eliminated and the acid/alkaline balance is maintained. Plenty of liquids should be taken daily. The pharmaceutical diuretics may be taken, but natural diuretics are more desirable. There are many, but the one that works well for us is the juice of one lemon in a cup of hot water once a day mid-morning or mid-afternoon. This should be taken for several months, especially during the winter. In kidney disease the protein intake should be limited and extra vitamins and minerals taken.

III. CLEANING THE LUNGS

Life is dependent upon the adequate exchanges of gases in the lungs. The most significant is the removal of carbonic acid and the flow of oxygen in the blood. Many other impurities are given off by the lungs. Diet is very important, and the mucus forming foods should be avoided.

One thing that many people overlook is that of irrigating the nose each morning. This is best accomplished by sniffing water into the nose and then blowing it out. This should be repeated several times. Once the nose is cleansed, deep breathing should be started. For about 12 minutes each day one should breathe as deeply as possible in the fresh air.

IV. CLEANING THE SKIN

Many people overlook the skin as an organ and do not think of it as an organ of detoxication. Because of the great amount of accumulated poisons in the cancer victim, and the overload on the other systems, the skin must be used for detoxication. As this is utilized, all manner of eruptions, odors, colors, and blemishes will appear on the skin. These conditions will disappear as the body becomes purified.

We have found it best to take a hot shower each morning, using plenty of soap. The hair must be shampooed frequently. After the shower sit in a tub of water with one cup of apple cider vinegar added. This helps acid/alkaline balance. Then the skin should be rubbed briskly with a towel until a warm glow is felt.

Once a week the cancer victim should be rubbed from head to toe with a mixture of olive oil and castor oil in equal parts; then a hot soaking bath for 15 minutes to allow the oil to penetrate. This is followed by going to bed under heavy covers for about one hour to sweat the poisons out. Then a cleansing shower is taken. This may be discontinued after three months.

V. EXERCISING

In almost every case of cancer, particularly those cases of long standing, the protein from the muscles has been used to maintain life. In other words protein metabolism has been so poor that the body has to take protein from the muscles and, to a very great degree, the muscles are destroyed.

After the cancer is destroyed, the muscles begin to rebuild. This takes approximately three years. If the muscles are exercised strenuously during this time hernias may develop. For this reason we have found it best to replace strenuous exercise with a brisk walk at least once a day for the three years following cancer therapy.

CHAPTER VIII

ALMOND DIET

About the year 424 B.C., Hippocrates, the father of modern medicine, made the statement, "Your food shall be your medicine and your medicine shall be your food." Try as we may, we have not been able to improve upon this basic truth. This is particularly true when it comes to the successful treatment of the cancer patient. At least 86% of all cancer conditions could be adequately treated and/or prevented by diet alone.

It never ceases to amaze me at the number of learned as well as ignorant persons who scoff when diet is mentioned. They all seem to believe that no matter what is placed into the body, by some magical process, it makes for perfect health. Yet these same people are very fastidious and concerned about what, how, and how much food is fed to their pedigreed dogs and cats, their registered cattle and horses. It is ironical that they cannot see that their own health is dependent upon a properly balanced nutritional process.

PROTEIN

We have maintained throughout this treatise that cancer is nothing more than a pancreatic enzyme deficiency. The greatest cause of this deficiency is the amount of second hand protein fed into the body. The pancreas just simply cannot manufacture enough enzymes to digest the large volumes of milk, cheese, meat, and peanuts we eat and have enzymes left over to digest the foreign protein we know as cancer. **If people would not eat animal protein after 1:00 p.m., 83% of cancer in the United States could be eliminated.**

MEAT

The cancer victim will want to give up meat immediately, as it is the most harmful of all foods, and the very same enzymes which digest the foreign cancer cells are used to digest meat. All the natural self-made enzymes you can produce should be used to fight the cancer. Meat should be avoided for another reason, it has a high female sex hormone content. For commercial reasons most animals, especially beef and fowl, produced in the United States today have been fed large quantities of hormones. Since the female sex hormone is an initiator of cancer, meat of this type should be excluded from the cancer patient's diet. When the Enzyme Test is negative, meat may be used again in the diet as long as adequate enzymes are taken to digest it.

MILK

The cancer victim will also want to give up milk in every form forever, except for yogurt or buttermilk. Milk, like meat, has too high a second hand protein content and requires too many of the pancreatic enzymes for digestion. An animal cannot produce milk unless the female sex hormones are unbalanced; this causes too many hormones in milk for the person who has cancer. It is advisable to take 4 to 8 ounces of unpasteurized yogurt each morning for breakfast. This will supply the intestines with adequate helpful bacteria.

PEANUTS

The cancer victim will also want to give up peanuts. First, the peanut is not a nut, but a legume. Second, the peanut also has too much protein for the cancer patient. Third, it has been found that a fungus grows on peanuts which produces aflatoxin. Aflatoxin is used by cancer researchers to stimulate cancers in experimental animals.

PROTEIN TIMING

It is not only imperative that the correct kind and quantity of protein be given, but, of equal importance, it must be taken at a specific time. We have found that regular proteins should be taken at breakfast and lunch only. When this is strictly observed the pancreatic enzymes, used in digestion of protein, are used only about 6 hours. This leaves 18 hours for production of pancreatic enzymes to digest cancer tissue. If the average cancer patient is carefully observed, it will be noted that he starts the day with protein – a glass of milk, ham and/or bacon and eggs, junk cereals. By mid-morning, he is ravenous and treats himself to a candy bar, soft drink, a few cups of coffee, nuts, (peanuts), doughnuts and/or sweet rolls. For lunch, he normally has a roast beef sandwich, or chicken fried in rancid high temperature grease, or a good ol' hamburger, or some similar form of second hand protein. By mid-afternoon, he is again hungry and is in an alkaline slump and has been attacked by low blood sugar, so he perks himself up with a cigarette, two or three cups of coffee, or a soft drink. By the time dinner is served, he is completely exhausted as he sits in his easy chair sipping a few before dinner drinks. His dinner consists of a large steak, piece of roast beef or other meat smothered in white flour gravy and accompanied by "cooked to death" vegetables. After watching television for a few hours, malnutrition has attacked again and a large dish of ice cream or pie a la mode and glass of milk is stuffed down his intestinal tract in order that he may get enough energy to fall into bed. It is impossible for the pancreas to produce enough enzymes under these conditions.

KELLEY ALMOND DIET

We call our diet the almond diet because the principal proteins are almond and vegetable proteins. The cancer victim should never give up all protein, as he might be tempted to when he first learns this principle. The pancreatic enzymes themselves are protein (amino acids), and unless the body is fed adequate protein, the pancreatic enzyme production will stop and the cancer tissue will make a very rapid growth. This total withdrawal from protein has been the fallacy of many cancer diets, such as the "Grape Cure." This is also the reason these diets have worked so well for the first few months – no protein – thus freeing the pancreatic enzymes to digest the cancer. Yet, over prolonged periods of total abstinence from protein the pancreas fails. Proper balance and regulated intake is the answer.

Raw almonds are a very good source of protein and should be used as directed: 10 almonds at breakfast and 10 almonds at lunch. Along with the remainder of the diet this amount will give adequate, but not excessive, protein. If the person is an unusually large or active individual, additional almonds may be taken as appetite demands. We have also found that most other nuts may be used in moderation, such as walnuts, filberts, Brazil nuts. Cashew nuts are very desirable, especially if the victim is also suffering from hypoglycemia (low blood sugar).

Should you have difficulty chewing whole raw almonds, you may substitute two tablespoons of pure raw almond butter.

SEEDS AND SPROUTS

In addition to the almonds and other nuts, raw seeds and sprouts seem to be good foods for cancer victims, and may be eaten after 1:00 p.m. We freely use brown sesame, sunflower and pumpkin seeds. Many people enjoy the sprouted seeds, such as alfalfa seeds, mung beans, sprouting buckwheat, wheat and soybeans.

An Easy Way to Grow Sprouts – The most "living foods" are sprouted seeds. When seeds are soaked in water, the enzymes which have been "asleep" become active, and the nutritional values of the seeds are increased tremendously. The seeds also become much easier to digest. Sprouts are easy to grow, but to those who have tried before without success: do try again, this simple and uncomplicated way.

First, try ALFALFA seeds, or MUNG BEANS. These are among the easiest to grow. For equipment, you need a quart size glass jar with a wide mouth . . . a small piece of nylon net . . . and a rubber band. Be sure to secure select sprouting quality seeds – seeds which have not been treated with chemicals. The sprouts will be no better than the seeds you start with. It is not recommended that you use chloride of lime which is often suggested as a mold inhibitor. Use one level tablespoon of alfalfa seeds or two level tablespoons of mung beans, checking the beans first to remove any broken or cracked beans. Put the seeds or beans in the glass jar. Cover the seeds (or beans) with several inches of lukewarm water. Place the nylon net over the jar opening and secure it with the rubber band. If obtainable, use pure water free from chlorine or fluorides, as these could inhibit growth of the sprouts. Distilled water would be ideal.

The seeds will soak and absorb water, swelling to several times their original size. For the soaking period, place the jar in a dark cupboard which is around room temperature. After the seeds have soaked overnight, or a little longer if the temperature is cool, pour off any excess soaking water. Rinse the seeds thoroughly in lukewarm water and drain well. The seeds are now ready for sprouting. Return jar to the dark cupboard, placing the jar on its side with the end resting on a saucer. Tilt the jar a little with the open mouthed end lower so any excess water may drain out onto the saucer, or rest the jar in a bowl, open end down. Except when taken out for rinsing, the seeds should remain in the dark cupboard for the growing period. Thoroughly rinse and drain at least twice each day, in the morning and again in the evening. If the air is hot and dry, be sure to give the seeds a few extra rinses each day. Do not let the seeds dry out – keep them moist, but not wet. Always drain carefully. As the seeds or beans start to sprout, they will discard their hulls. During rinsing, these have a tendency to float to the top. By removing the nylon net temporarily, the loose mung bean hulls may be scooped off with a spoon, or the alfalfa hulls rinsed away. Some people will not care to bother doing this, but the loose hulls add nothing to the growing process.

When you eat the sprouts is a matter of preference. Most people prefer the alfalfa sprouts "full grown" when the two small leaves are just starting to appear. When the sprouts are grown to the point where the first two leaves are well formed, you may wish to develop the chlorophyll in the sprouts. This may be done by placing them, in their jar, near a window in some reflected sunlight for a few hours. When you are ready to "harvest" your sprouts, rinse and drain well. If you are not ready to eat them all at once, they will keep several days in the refrigerator in a plastic bag or jar.

Before starting the next batch of sprouts, be sure to sterilize the growing jar to prevent fungus or mold from forming.

For the best in nutrition, be sure to eat your sprouts without cooking. Try them raw.

Sometimes when sprouting seeds, you will find that the seeds do not germinate or that they begin to rot or ferment or mold. It is usually due to one of these causes:

1. Seeds are old or have been improperly stored, thus, low in germination
2. Too much water
3. Insufficient water
4. Too cold
5. Too much light
6. Lack of air

The basic requirements are:

1. Viable seeds
2. Proper amount of moisture. Remember – keep seeds moist, but not soggy wet
3. Proper degree of heat or controlled temperature

The quantity that we advise for beginners is a teaspoonful of small seeds like alfalfa or mustard, a tablespoonful of the larger seeds like mung beans, and ½ cup of the larger seeds like beans or peas. After one or two trials, you will learn the ropes and know the quantities to use.

EGGS

Eggs are an unusually good source of protein - well balanced and the standard by which all protein is evaluated. They have all the essential amino acids in proper proportions. The cancer victim may have two eggs each day at anytime.

Proper preparation of eggs is of vital importance. The egg must be heated in the shell. We bring our eggs to a temperature of 140 to 160 degrees, (which is the normal temperature of hot tap water), for five minutes before cracking them. The eggs may then be eaten as you prefer them. Soft boiled eggs and raw eggs are the most preferable. In keeping with as much raw food as possible, we most frequently eat our eggs raw in a blended drink.

BEANS

Dry beans of all types are a good source of food for the cancer patient, and may be used two or three times a week at any time of the day. The best way we've found to prepare them is to cook them at a temperature of 200 degrees. We place two cups of dried beans (washed) in a bean pot to which we add five cups of distilled water, five garlic cloves, two tablespoons of olive oil, 1 teaspoon of sea salt or kelp, and 1/8 teaspoon of cayenne pepper. We place the pot, (covered), in an oven overnight at 200 degrees.

OTHER SOURCES OF PROTEIN

After the first six months on this program, the cancer victim must improve the quality and quantity of protein. At this time, not less than sixty grams of protein daily should be included in the diet. You should of course, continue all the raw vegetable protein, but now may include such proteins as those found in light colored aged (not processed) brick cheeses, homemade cottage cheese or farmer's cheese, sea foods of all kinds, all forms of seeds, nuts (except peanuts), nut butters, whole grains, whole grain breads, homemade yogurt, and powdered proteins.

VEGETABLE JUICES

The second most important phase of our cancer diet is that of raw fresh vegetable juices. At least one quart of carrot and one pint of celery juice must be taken each day. As much other fresh raw vegetable juice in volume may be taken as desired. One should consider alfalfa, beet, cabbage, cucumber, dandelion, endive, lettuce, parsley, potato, spinach, and turnip juice. Vegetable juices are the builders of the body. Juice is better than the whole vegetable because so much energy is used to digest the whole vegetable. Juice has a proper balance of vitamins and minerals in a concentrated solution. We recommend that the juice be made fresh as it is used.

FRUIT AND FRUIT JUICES

Fresh raw fruit and fruit juices are the cleansers of the body. The cancer victim may eat as much as desired of the fresh raw fruit or the fresh fruit juices, as long as he takes the required amount of almonds, carrot and celery juice. Dried unsulphured fruit may also be taken.

FRESH RAW SALADS

The cancer victim may eat, in addition to his almonds, juice, and fruit, all the fresh raw salad he can hold. This is good for lunch or dinner meals. The body needs bulk and it is not necessary or desirable to live on juices alone. Raw salads are necessary to keep the digestive tract in good working order. A must for every cancer patient is Dr. N.W. Walker's book, *Diet and Salad Suggestions.*[3]

GOLDEN RULE OF CANCER DIET

The Golden Rule of Cancer Diet is TAKE NOTHING INTO THE BODY THAT HAS BEEN COOKED OR PROCESSED EXCEPT ITEMS MENTIONED.

The juicer is the most important appliance in the kitchen of a cancer victim. If necessary sell the stove and buy a good juicer.

The enzymes in foods that have been cooked have been destroyed or changed into a different compound (amino acid). Cooked food can only be used as food and not as enzymes, for it has no life. For example, if you plant a raw potato it will grow. If you boil a potato and plant it, it will not grow, it will only rot. Many enzymes are destroyed at 107 degrees F. and almost all are destroyed at 140 degrees F.

When a person eats anything processed he is not only eating "dead food," (those in which the enzymes have been destroyed), but he is adding a second very destructive force to his body, the destructive force of food preservatives. This may not be too significant for a normal healthy person, but for the cancer victim it may mean life or death. The liver must detoxify, destroy, or metabolize all foreign substances from the body. When one eats foods with preservatives, it adds an extra burden upon the liver which the cancer patient cannot accept.

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[3] *Diet and Salad Suggestions and Raw Vegetable Juices, What's Missing in Your Body?* by Dr. N.W. Walker, The Norwalk Press, P.O. Box 13206, Phoenix, Arizona 85002.

It may seem contradictory to allow some cooked food on this diet, but I've found through experience that the diet is so different from the normal pattern that many people cannot psychologically accept it. Therefore, I feel that accepting the basic diet with a few items of cooked food is better than totally rejecting this system of nutrition. It is best of course, to be very strict and to change your whole dietary regime at one time or all at once. If you can eat a diet of completely raw foods, naturally it would be the most beneficial for you.

WHOLE GRAIN CEREAL

We have found that it is desirable in building the body to eat a mixture of raw whole grain cereals for breakfast each morning.

Mix together well in a large container one pound of each of the following grains and nuts: wheat berries, buckwheat, rye, barley, oat groats, millet, sesame, brown rice, flax, corn (or popcorn), alfalfa, lentils, mung beans, and almonds. Store in refrigerator. Each night take three or four tablespoons of this mixture and grind it well in a seed mill, and then just cover with cream or water. Allow to stand at room temperature overnight. In the morning add fruit and/or honey or black cherry concentrate to your taste. This is to be eaten raw, not cooked, and should be continued for at least two years.

Many people find this mixture very objectionable tastewise and if you are one of these people, you may start with four grains of your choice and add as many of the others as you can to stay within your taste tolerance. If you are able to eat all 14 grains, you will be getting the optimum in nutritional contents.

REFINED FOODS

White Flour – All refined foods are extremely hard on the liver and should be given up. White flour and all products containing white flour should be avoided. These not only are concentrated carbohydrates, but almost always have preservatives added.

Use fresh whole wheat bread, made from wheat grown free of all pesticides (another liver destroying chemical). We have found Arrowhead Mills[4] to be a reliable source for this wheat. Wheat should be ground fresh as needed, using a Lee Flour Mill.[5] The essential vitamins are oxidized within three days at room temperature; hence the need for grinding only as used. Freshly ground flour or freshly made whole wheat bread may be safely stored in a freezer for about a week. It is best, however, to use it within three days.

White Sugar – The cancer victim will also want to give up all white sugar and white sugar products. The concentrated carbohydrates are hard on the liver, but more important in relation to cancer, they are very hard on the pancreas. The pancreas, as noted earlier, is the first organ to be protected at all costs. White sugar has been processed (refined) and all the vital minerals are taken out. Cancer victims are always deficient in minerals.

For those who have a sweet tooth, these foods may be eaten as desired: dates, date sugar, figs, and raisins. Organically grown dates, date sugar, figs and raisins may be obtained from your local health food store. These are free of toxic pesticides and are not harmful to the pancreas or the liver. A cancer victim may also eat blackstrap molasses, pure maple syrup, or unpasteurized honey, in that order. The first two are preferable because they have a high mineral content.

Soy Products – Soy products, except lecithin, should be used very sparingly for two reasons: first, the protein content is too high for the cancer victim; second, the soy products tend to upset the delicate acid/alkaline balance of the body. Eating soy products may be resumed when the urine test is negative.

Other Improper Foods – Vinegar (apple cider vinegar) may be used occasionally in small quantities on salads. The ingestion of large quantities of vinegar causes the digestive tract to become too acid and thus decreases the efficiency of the pancreatic enzymes and the digestive processes. For the first eight months, lemon is used in preference to vinegar on salads. Cold pressed oils and other salad dressings may be used if they can be found free of preservatives, and of course, are best if homemade.

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[4] Arrowhead Mills, Hereford, Texas.

[5] Lee Flour Mill: Lee Engineering Co., 2023 Wisconsin Ave., Milwaukee, Wisconsin 53201

The cancer patient should now and forever give up and avoid tea, (except herbal tea), coffee, soft drinks, liquor, chocolate, tobacco, pork, and white rice.

CHAPTER IX

NEUROLOGICAL STIMULATION

While the body is being properly detoxified and nourished, the nerve supply to the pancreas and liver should be considered.

A specific organ works only when a nerve, chemical, or pressure stimulation tells it to. Upon taking careful histories, we found a number of cancer victims who had had blows to the head or spine. We feel that such experiences change the nerve impulses to the various organs. If pressure on a nerve to the pancreas causes it to cease sending impulses to the pancreas, the pancreas will turn off and wait until the nerve tells it to work again. If the nerve is destroyed, or for some reason never sends a message, the pancreatic function will be greatly impaired.

Probably the best way to reactivate the nerve enervation is through some form of manipulative therapy such as osteopathic manipulation, chiropractic adjustments, or physiotherapy. We have found it advisable to have a weekly manipulative treatment for at least the first nine months of cancer treatment.

Neurological stimulation can sometimes be increased or simulated by hormone therapy, but this technique must be performed under the direction of a very highly skilled clinician.

There is a group of dentists who use a new method called Mandibular Equilibration to re-shape the skull, take stresses from the brain, and in this way effect very profound neurological changes.[6]

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[6] Dr. W.B. May, 3420 Constitution Ave. N.E., Albuquerque, New Mexico 87106.

CHAPTER X

SPIRITUAL ATTITUDE

If your cancer has caused you to stop, think, pray, and know God better, it has been a blessing to you.

If your cancer has caused you to realize the importance and magnificence of this temple wherein your soul dwells, you have been doubly blessed.

If your cancer has caused you to look within and ask the Christ to dwell within you, you have been thrice blessed.

Often physical infirmities come to us for such a purpose. This was true in my own case. The still, small voice within spoke out to guide and teach this Child of God.

Not all who have cancer will overcome the condition. Many will not believe that such a simple treatment will work. Many will not have the opportunity to hear about and try the procedure. Many will come too late with a temple (body) too weak to respond. But, I pray with all of you my friends, that you will learn a beautiful lesson and learn it well. I did.

I will use an example illustration here: There are four young children in my home. God has many millions in His Kingdom.

Each morning (by car) I take my children to their school (elementary). Each morning (by birth) God takes his children to their school (earth). Each evening (by school bus) my children come home. Each evening (by death) God brings His children home (Heaven).

Each evening and night I enjoy and have fun with my children. They rest and learn of love and the many things I have come to teach them. Each evening God enjoys His children. They rest and learn of love and the many things The Father has to teach them.

The next morning I dress my children in a new dress and take them to school again. The next morning God dresses his children in a new body and takes them to school (earth) again.

Occasionally, I want my children to go with me for a special treat, so I take them out of school early. Sometimes God wants his children to go with him for a special treat, so he takes them out of school early. Often this seems very unfair, but it doesn't really matter – we return them to school the next day, more enriched than before.

Sometimes my children have difficult lessons to learn. Sometimes God's children have difficult lessons to learn.

Sometimes my children fail to learn their lesson. I make them repeat it. Sometimes God's children fail to learn their lesson. God makes them repeat it. This is for their own good.

When my children are in the sixth grade they have forgotten the steps in learning to read, but they remember the principle very well. When God's children are in this embodiment (lifetime) they do not remember their earlier embodiments (lifetimes), they only remember the principles that God would have them know – love, faith, hope, service, etc.

Each of my children is in a different grade in school; each doing the best she can. I will not allow any one to criticize or condemn another. They are encouraged to be kind and loving to one another.

Each of God's children is in an experience in their school (earth); each doing the very best he can. Jesus said, "Judge not, that ye be not judged." (Matthew 7:7); "This is my commandment, That ye love one another, as I have loved you." (St. John 15:12).

Someday my children will learn all the lessons of their school and they will go on to have homes of their own. Someday God's children will have learned all the lessons in their school (some sooner than others) and will go on to rule with Christ.

Yes, I believe in incarnation and re-embodiment. Is it not God's plan? Is it not taught in the Holy Scriptures?

If your cancer has taught you spiritual truths, you have gained much. I pray with you and for you that at this point you have come to the realization that your spiritual decision to get well or not to get well is your own responsibility. If you decide to go home early, rejoice, for the Father prepares a place for you. Those of you who have loved ones who have made this decision, rejoice with them and send them on their way into God's care.

If you decide to stay in school a little longer, this is also good and it should now be easier. If you are to operate as a perfect being, in perfect health, then you must have a perfect attitude. You must become aware of the spiritual power within that is greater than yourself —the still small voice within.

If you are one of the many millions of people who have been told that you have cancer and that your days are numbered, then it is you who must be interested enough to seek out the truth of your condition. You have read many things in this treatise which bring new thinking to a very old disease.

Since we are dealing with the Ecological approach to cancer, we must consider not only the physical, but also the mental and spiritual laws of God. We need help from those around us as well as from the Godpower within to reverse our thinking, and attain that balance which creates a healthy physical being.

As stated in previous chapters, half measures will avail you nothing. You are at the point where you must ask God for guidance. These are the steps which are suggested as a method of spiritual recovery:

1. Accept the fact that you are afflicted with a symptom (malignant cancer) and that recovery is possible
2. Establish a faith in a power greater than yourself and know that with His help you can regain health and harmony
3. Make the decision to turn your will and your life over to the care of God
4. Conduct a complete self-analysis to better understand your own emotions
5. Admit to God, to yourself, and to others the exact nature of what you find to be your shortcomings
6. Be willing to give up what you are doing wrong
7. Seek through prayer and meditation to improve your conscious contact with God. Pray only for knowledge of His will for you and the strength to carry that out

Having had a spiritual awakening as a result of this action, practice these principles in your every thought.

Just as the body must be purged and cleansed, so must the emotions and spirit be purified. This is a comparatively simple task to accomplish, but do not lull yourself into believing that it is an easy task. Rigorous self discipline and the ability to grasp and develop a manner of living with complete honesty in all of your actions and thoughts is necessary.

You must become strong willed to be a winner in accomplishing that which you set out to do for yourself. You will look for all the good in everything and refuse to accept any negation.

CHAPTER XI

CONCLUSION

First, one should make every effort to include his physician in his cancer treatment program, or find a physician sympathetic toward this new-found information. The physician has many patients who suffer needlessly, and you may help others who are similarly afflicted. If such a physician is not available, remember the first law of life is self preservation, and in the long run each individual is responsible for his own health.

Cancer is basically nothing more than a type of placenta growing at the wrong place and time in the body, due to the lack of free, active pancreatic enzymes. The lack of free pancreatic enzymes can be caused by failure of the pancreas to produce, overproduction of anti-pancreatic enzyme factors, or the failure to include adequate co-enzymes and minerals in the diet, or the excessive intake of protein in the diet. This last is probably the most significant cause.

The successful treatment of cancer involves two basic principles: stop the growth of the tumor; dissolve the tumor at such a rate that death from toxemia will not result.

This treatment is accomplished by:

1. Understanding what cancer is, taking a positive spiritual attitude of optimism toward it
2. Determining positively if cancer is present
3. Taking sufficient nutritional supplements
4. Proper detoxication of the body
5. Maintaining an adequate, proper, well balanced diet
6. Providing proper neurological stimulation

CHAPTER XII

THE REST OF THE STORY

As I said in the beginning, my cancer was so advanced that I had less than one month to live. I had to do something fast, even if it was not right.

My doctors wanted me to go ahead with surgery, but I was too sick and too poor. I had no hospitalization or money to pay hospital bills. Therefore, there really wasn't a decision to make. God, in His wisdom, had another lesson for me to learn. Poverty can be a great blessing, but of course I did not see it at that time. I thank Him for it now.

The only thing I could do then, was regulate my diet. I was so near death, and life hung in such a delicate balance (another blessing), that I could feel very clearly the effect of each food I ingested. If I ate wrong foods I could very easily tell it by the way I felt.

As time passed, I realized one of the basic laws of cancer; wrong foods caused the malignancy to grow, while proper foods allowed the natural body defenses to work and the malignancy was absorbed a little. This is why some people can live so long with cancer while others succumb quickly. Through a process too long to describe here, I worked out the relationship of enzymes, minerals and co-enzymes.

At first I was anxious to destroy my cancer as quickly as possible, but I found the toxic poisons made me very ill. By trial and error and the Index of Malignancy, I was able to regulate the dosage to be sure the cancer was dissolving, but not too fast. At the proper rate you feel sick, but not violently ill.

HOW DO YOU FEEL?

By the time I started my program I was in very bad shape, extremely depressed, and nothing seemed to work out well. I had a feeling of impending death most of the time, always tired, and completely exhausted at the slightest effort.

The cancer had eaten into the nerve supply to my heart causing rapid pulse rates and irregular beating. My pancreas was so destroyed and enlarged I had hypoglycemia and was going into insulin shock several times a day. My liver was also cancerous and enlarged. I could not eat much as I was so nauseated. My intestines were so laden with cancer that I was in constant pain. I will have the scars for a long time to come.

THE ROAD TO RECOVERY

When I finally worked out the total therapy program, I thought everything would be wonderful and I would recover without any difficulties. But I had still another lesson to learn. Recovery can be worse than the disease itself. I not only had to destroy the cancer, but had to rebuild a badly shattered body.

As the cancer is absorbed by the body, it overloads the blood and liver with toxic poisons, making you feel "goopy" sick. This for me, lasted about eight months after the cancer growth was stopped. All the while the mental depression remains and the diet leaves much to be desired. You have been accustomed to all the tasty "junk" and it is very hard to give it up forever.

As you begin to get over the "goopy" sick feeling, you will notice you have a good day when you feel wonderful, then several bad days when you feel "goopy" sick again. You enjoy the good days so much the bad ones seem much worse than they really are. Now you can realize how very sick you have been.

About the time you are having a few more good days than bad, you start having muscle cramps – very bad ones. This condition goes on for about nine months while you are rebuilding the muscle protein which was taken out of the tissue during the early stages of the cancer. This stage is similar to the growing pains you experienced as a teenager.

There is a pot of gold at the end of the rainbow – your good health. If all of the steps have been faithfully carried out your body is in better condition than it has ever been in before. You will be tempted many times to go back to your old ways, and many do, but good health is such a wonderful thing you should not yield to these temptations. I trust you have learned your lessons well.

AN OUNCE OF PREVENTION

Many people, especially smokers, have asked me, "What can I do to keep from having cancer?" Eighty-eight per cent of the times it can be prevented by three simple rules:

1. Eat no meat, milk, or peanuts after 1:00 p.m. and follow the diet outlined in Chapter VIII
2. Take 5 Nutritional Supplement 7 tablets every day at 3:30 p.m. or at bedtime
3. Take 1 tablespoon of blackstrap molasses with the evening meal

Twelve per cent of cancer in the United States in 1968 was of a functional disorder and would require careful clinical study and treatment procedures.

A NEW CONCEPT OF CANCER*

In the United States today physicians do not treat cancer – they only treat tumors.

I would like to share with you a concept of physiology and ecology in cancer. In order for you to comprehend my concept of cancer – let me give you a little background by reviewing with you pellagra and diabetes. For years, patients were placed in insane asylums because they had the simple deficiency disease called pellagra. Even as far back as 1916 Dr. Joseph Goldberger found that diet could prevent this condition, but it was not until the 1940's that it was discovered that pellagra was nothing more than a simple vitamin B deficiency. Now, no knowledgeable physician would commit such a patient – but rather give him the B vitamins.

But what is pellagra? It is just a symptom of a general systemic

*A speech by Dr. W.D. Kelley given to numerous health food groups.

condition. For centuries only the symptoms were treated – now we know better.

Let us go to diabetes. What is diabetes? It is nothing more than a symptom. A symptom that tells us that our systemic carbohydrate (or sugar) metabolism is not functioning properly. Before insulin the great physicians wrung their hands and stood helpless.

What is CANCER then? It is nothing more than a symptom of a systemic condition. It is a symptom of inadequate and deficient protein metabolism. The real problem is PROTEIN METABOLISM – not cancer. Cancer is only a symptom telling those who will listen that their protein metabolism is in very serious trouble.

Let us not be hypocrites! It is so easy to condemn our medical profession – and rightly so. Of all the people in the world who should understand physiology and ecology – they should – but they do not.

When the unorthodox methods are used without a sound nutritional program, they also often fail. Those who treat cancer with Laetrile, Koch, Carcalon, etc., are only treating the symptom cancer – not the disease – INADEQUATE PROTEIN METABOLISM. The physician, whom we criticize, uses surgery, radiation, and chemical therapy. He also treats the symptom cancer – not the disease – INADEQUATE PROTEIN METABOLISM. The use of the unorthodox methods along with proper nutrition is absolutely essential and produces the most reliable results.

THE LAW OF CANCER

Cancer is nothing more than the symptom of protein metabolism malfunction. Any way we slice it, this pie is nothing more than a simple deficiency disease. But to successfully correct this condition one must approach it from the physiological and ecological points of view.

You cannot have cancer unless three factors are present:

1. **The presence of an ectopic germ cell**
2. **The stimulating presence of the female sex hormone**
3. **A deficiency of active pancreatic enzymes**

In my limited study of cancer I first had to develop a measuring device – a clinical test to determine the presence or absence of cancer – its growth rate – its absorption rate – and its approximate age. With my concept that cancer is a protein metabolism malfunction, I had a new basis for developing a new test. By trial and error the following things could be adequately determined:

1. The proper diet
2. The proper protein intake
3. The proper protein timing
4. The proper nutritional supplements needed
5. The proper dosage of these nutritional supplements
6. The proper timing of the nutritional supplements and diet

PHYSIOLOGY OF CANCER

With these facts at hand the physiology of cancer is very evident and follows a definite pattern. We observe:

First – for one of three reasons the body fails to produce an adequate amount of active pancreatic enzymes

a. 83% overworking the pancreas by intake of too much protein
b. 10% neurological injury to pancreatic enzyme production
c. 7% malfunction of body chemistry inactivating the enzymes

Second – our test indicates that in 93% of all cancer cases this is a gradual malfunction. The average cancer patient has had cancer 39 months before it is clinically diagnosed. The important factor here is not that it is a slow growing thing – but rather what is happening to the body during this growth time – and this is tragic. The body must have protein to live, but during this 39 months the body cannot get enough protein from its food supply. So, it very gradually and generally evenly starts to sapping or destroying the muscle system to keep the blood protein at a minimal level to sustain life

Third – now the conditions are ripe for the symptom cancer to develop. All that is needed – something to stimulate the female hormone formation at the site of a misplaced ectopic germ cell. This is most often done by scar formation – such as a blow, bruise, a drop of tar in the lung, a sunburn, an overdose of x-ray, or anything else that can cause the natural, normal scar formation procedure to take place in the body at the site of a latent ectopic germ cell. This normal thing happens to each of us each day – it is only when our protein metabolism is deficient that the symptom cancer develops

Now the ectopic germ cell thinks it is time to have a baby and starts growing a placenta (CANCER) in preparation for a baby that never develops. The only trouble is – this placenta just keeps on growing and will not stop. When the patient finally consults the physician he announces the condition of cancer and recommends surgery

In the **Fourth** step of cancer physiology one of two things happen:

a. The first thing that can happen, the cancer grows until it destroys the body. The only question here is when. Up until now, mostly by accident of ecology one person will last a long time and another person will go rapidly
b. The second thing that can happen, also by accident of ecology, in a few cases, the right combination of circumstances occur and the cancer is dissolved or "cured"

ECOLOGY OF CANCER

Having briefly and crudely considered physiology in cancer, let us look into the ecology of cancer. Ecology in cancer is essentially the total environment in which the cancer victim finds himself. The physical condition the body has deteriorated into - the spiritual outlook – the mental state in which he finds himself. He must take into consideration the air he breathes – the food he eats   the fluids he drinks – the sounds he hears – the emotions he feels – the light he sees – the church he attends – the vocation in which he is employed – his past memory patterns – his childhood – his dreams, ambitions and goals of life. In ecology the total, whole, or complete man is taken into consideration. His physical, mental, emotional, and spiritual beings are considered in light of his total environment NOW.

By approaching the cancer victim ecologically it is quite a simple matter to successfully guide the treatment of a malignant condition. It is only the things that are not understood that lead to fear and present themselves as problems.

The basic steps in the ecology of cancer are:

1. The cancer victim must take the responsibility for his own treatment. The medical and related professions are in such a chaotic state of confusion, they can give very little help
2. The cancer victim must determine if he has or has not a malignant condition
3. The cancer victim must have a beautiful spiritual outlook and faith that this simple deficiency condition is being corrected in himself now and with ease
4. The cancer victim must follow a carefully regulated program to detoxify the body
5. The cancer victim must follow a carefully selected diet that is based upon an understanding of the physiology of cancer
6. The cancer victim must give his body adequate time to rebuild itself

CHAPTER XIII

COMPUTERIZED NUTRITIONAL PROGRAMMING

For the past several years, there has been a growing awareness on the part of the general population that proper nutrition plays a significant role in the overall health of an individual. As our medical professions have specialized in the field of drugs and disease, they have increasingly abandoned the areas of nutritional science and the concepts of health through prevention. This has been one of the greatest causes of illness and disease and is the reason our nation is continuing to drop lower and lower each year on the list of "National Health of Nations."

Large segments of our population are so concerned about this that it has given rise to an unprecedented increase in the number of natural food stores and health food shops. Their volume of sales has become alarming to devitalized food hucksters - both manufacturers and retailers. Evidence of this will soon be noted by the increase in the number of "health food" departments in the supermarkets across the nation. The high protein supplements will be stressed along with the "no sugar" and "no preservatives added" foods.

THE DILEMMA

The person truly interested in proper nutrition and general improvement of health through prevention is caught in an overwhelming dilemma. Each book, article, brochure, or paper one reads is a direct contradiction of the other. It seems that every writer or researcher has many conclusions based upon erroneous information or too few facts and data. Those who seriously study the available information come to the point of complete confusion.

LABORATORY RESEARCH

To add more distress to the situation, the scientific community is completely engrossed in "test tube" laboratory experiments and discoveries. Their accumulation of isolated facts is at least two hundred years ahead of any practical application. There seems to be no one person or group of persons or at least a very few who are even slightly interested in translating the technical data into everyday practical terms which are useable by lay people. The big "thing" in the scientific community seems to be discovery and collection of data – no matter how impractical or unrelated to reality. There is really nothing wrong with this and it must precede any logical utilization of information. The need now is for several groups of individuals from all disciplines of knowledge to spring up and make concentrated efforts to put this information into practical usage.

SLANTED RESEARCH

To accomplish the above task is far more difficult than one can possibly imagine. First of all, most research has become very biased. Some good old "free enterprise" system must sponsor it. The only reason it is sponsored is to improve their economic gain. This isn't always bad, but it does stress or slant research down a certain path. Secondly, research is too frequently guided by the limited thinking of the "in" researchers. The "in" researchers are those who think along the lines of accepted ideas. A researcher can get funds for his projects if the person who grants the funds likes the idea or if it is within the concensus of current opinions. If it is not, WOE! be unto the researcher who has a new idea! He is ridiculed, ostracized, and maligned by the whole scientific community, from laboratory assistants to foundation boards. An outstanding example of this was Dr. John J. Wild of Minneapolis. He lost ten years of his life, all research grants and was "blackballed" throughout the scientific community.

PUBLICATION

The next unbelievable obstacle for the researcher involves the publication of his findings. Should the researcher be lucky enough to obtain financial assistance or particularly if he is rich enough to sponsor his own, getting his work published is nearly an impossibility. Most editors and review boards of scientific publications accept what they like, what they approve of, or what they think is important, so, those who would gather all available information to put into practical utilization find it extremely difficult to locate or gather.

GOVERNMENTAL REGULATIONS

When individuals, groups, or societies are formed to utilize the research data of the scientific community, many other problems arise, not the least of which is government regulations and opinions of bureaucrats. These regulations are vague and then interpretation becomes an issue. One bureaucrat presents one interpretation and the next bureaucrat has another. Hiring qualified attorneys relieves the dilemma very little, as each of these interprets the rules and regulations differently, and by nature, they tend to confuse the issue to prolong their own economic gain, by increasing the need and time for their own employment.

PERSONALITIES

It seems that almost every time any one person or group makes a step toward practical application of scientific data, he or they are publicly ridiculed and the "establishment," through governmental agencies and news media, makes an all-out effort to professionally and economically destroy them, no matter how unimpeachable their qualifications and records are. Outstanding examples of this, to mention just a very few, are Linus Pauling, of Stanford; Roger Williams of University of Texas; Andrew Ivy of Chicago; and W.D. Kelley of Grapevine, Texas.

NUTRITIONAL RESEARCH SERVICE

In spite of all these things as background and many more too gruesome to mention here, the Nutritional Research Service was formed to help bridge this gap of research to practical application. Those who formed Nutritional Research Service realized that the overall state of health of this nation could no longer be maintained acceptable unless the nutritional level of the people and the nutritional awareness of the physician was brought into immediate and sharp focus. The people do not know how to grow their own food, how to preserve it, how to properly select it, how to combine a wholesome meal, or how to prepare it. The physicians do not even know what a well balanced meal is and understand less than their secretaries about diet. They have not been trained along these disciplines, nor do they have the time or inclination to educate themselves in these areas.

COMPUTERIZED NUTRITION

The Nutritional Research Service was formed to be of service and aid both to the physician and the patient alike. This service was designed to give careful review of the available nutritional literature and place it in computers for memory storage to be retrieved on demand at a later time. The unique feature of the system is the "built in" method of upgrading individual datum as additional research is reported. These additions and changes are incorporated from one to three times weekly, which provides a very efficient, alive, up-to-date facility for the overworked physician.

INDIVIDUALIZED PROGRAM

In order to make the most efficient use of research data, it must be related and applied directly to each individual to meet his specific needs. The problem then arises as to which data is significant for each doctor's patient. The Nutritional Research Service had to develop a system to accomplish this. The concept had to incorporate several objectives, some of which are: specifically individualized nutritional programs, minimal time required by the physician, programs that are comprehensive enough to be accurate, and programs which include all areas of a person's life – physical, emotional, mental, psychological, spiritual, etc.

NUTRITIONAL EVALUATION SURVEY

It was decided that probably the most practical method of retrieving stored, computerized data on an individualized basis would be an extensive questionnaire. The answers to this questionnaire, when fed into the computer, are used to collect the data from the memory banks. After the data is collected from the memory files, it is then mathematically calculated through a great series of complicated formulas to produce the final data for each individual patient. This data, through another computerized system, is then translated into a step-by-step individualized program of recommendations for the individual to follow. These recommendations must then be printed by the computer in an efficiently organized manner. The final result then, is in a simple, "to the point" form, which the physician can review making any additional adjustment he chooses for his patient before issuing the program to him.

COMPREHENSIVE QUESTIONNAIRE

The Nutritional Evaluation Survey is an outstanding information collecting questionnaire of about one thousand questions. Its simplicity of design allows the patient to complete it at his leisure in his own home. It is so inclusive that if used as a doctor-patient conference consultation form, it would take eight hours to review. Of course, the physician could never give each patient this amount of time, nor could he store this amount of information in his brain at one time and correlate it to the patient's condition. The questionnaire is therefore the most practical system known to date of adequately determining the individual's nutritional needs.

Areas of information collected fall into eight broad categories:

1. Historical data
    - A. Present conditions
    - B. Past conditions
    - C. Unrelated conditions

2. Analysis of present feelings
    - A. Significant current problems
    - B. (Outstanding) complaints
3. Review of current drugs and medications
4. Listing of surgical procedures
5. Problems related to the female
6. Problems related to the male
7. Review of current diet
8. Analysis of present dietary intake

The comprehensive questionnaire is so designed as to be completely confidential between the patient and his doctor. The questionnaire and patient's identification are kept by the physician as a part of his permanent records. The completed computer cards and patient number are sent to the data center for processing. Many physicians review the questionnaire with the patient. Their discussion of the questions answered positively has often given the doctor new insight into his patient's condition.

THE NUTRITIONAL PROGRAM

At the data center, the computer cards are processed and fed into the computer to retrieve the scientific nutritional information applicable to that individual patient. Any possible processing errors are eliminated due to the unusual feature of this computer system. It takes the information directly from the patient's cards into the computer. This bypasses any possible human error at the data center. There is no need for special processing, such as "key punching," which could lead to errors. The doctor and patient alike can be assured that only the information given by the patient is considered.

PRINT OUT

As the computer reads the patient's cards, it begins the long, complicated process of retrieving applicable information, calculating it into practical data, and printing a concise nutritional program. The end results are several pages of individualized and coded instruction for preprinted information of special significance for that patient.

The completed nutritional program is bound in an attractive booklet and includes the following features:

1. Introductory nutritional information
2. A complete review of nutrients in the patient's present diet
3. A comparison list of deficiencies, excesses, normalcies of twenty-six nutrients of the individual's diet as against the recommended dietary levels. These are computed on an individualized basis as to sex, height, weight, age, pregnancy, and lactation
4. Suggested foods which should be stressed for balanced nutritional intake (also "individualized")
5. Nutritional supplements containing special dietary factors recommended for one's nutritional program, such as: foods for special dietary use – vitamins, minerals, and enzymes; delineated as to the most desirable times to be taken
6. Physiological reactions which may be anticipated when improved nutrition is introduced into the body
7. A recommended individualized diet with an explanation as to the overall purpose of the diet and its basic principles
8. Sample menus to aid in putting the diet into practice
9. Many recipes to help upgrade the nutritional level
10. General rules of good nutrition
11. Bibliography source materials of practical, interesting, informative nutritional literature

The compiled and bound program is then sent to the physician for his review and adjusted changes, if any, before it is issued to the patient for incorporating into his life style. This is one of the most outstanding aids, not only to the physician, but also to the patient, ever collected into one booklet.

MEETS PATIENT'S NEEDS

This long overdue nutritional guidance system meets many of the needs imposed upon us by our modern society. Man is both a goal-seeking and a creative creature. This program presents desirable goals and a method by which the individual may achieve them through his own creativity. The program provides a sound basis upon which one may build a very realistic course of health-building and disease prevention.

COMPREHENSIVE RESEARCH AND DEVELOPMENT

This outstanding concept and the resulting comprehensive program is the result of the many years of intensive research by Dr. W.D. Kelley and sponsored through The Kelley Foundation of Grapevine, Texas. The nutritional program is available to any doctor and may be obtained by contacting the Nutritional Research Service, P.O. Box 100, Grapevine, Texas 76051. Telephone (817) 481-4513.

DIETOTHERAPY

A group of outstanding nutritionists headed by Gena Larson has prepared specifically for The Kelley Foundation a remarkable series of diets with menus and recipes orientated to compensate for most of the nutritional deficiency diseases in our society. Menus with recipes are planned for each day of the year. They are well balanced and provide a wide variety of foods to suit the taste and to keep one's interest and enthusiasm alive for whole, natural, organic foods. To date, there is nothing available on the market that even approaches the wholesomeness and comprehension of these diets. These diets may be purchased from Nutritional Research Service, Box 100, Grapevine, Texas 76051.

Dr. Kelley's principles, described in *One Answer to Cancer* are planned to include at least three of the principal approaches to cancer treatment:

1. A way of destroying malignant cancer cells directly
2. An intensive therapeutic nutritional program
3. An intensive detoxification program

Dr. Kelley agrees with several other researchers who have said that pancreatic enzymes are one of the body's natural mechanisms for preventing and destroying cancer.

Dr. Kelley says that cancer is an inability of the body to metabolize (digest and utilize) protein, similar to the way that diabetes can be defined as an inability of the body to metabolize sugars and other carbohydrates. He contends that malignant tumors are symptoms of the cancer which can grow when the pancreatic enzyme function is inadequate. In a similar sense, the spilling of sugar into the urine is a symptom of diabetes, not the diabetes itself. Dr. Kelley draws other analogies between cancer and diabetes.

Dr. Kelley considers there may be several different problems with the pancreatic enzyme functions. Several of these he gives are:

1. Inadequate output of enzymes from the pancreas
2. Excessive intake of proteins, particularly animal proteins, that use all of the enzymes and create a deficiency of the enzymes that could otherwise digest the malignant cells
3. Inadequate minerals and other co-factors required for the pancreatic enzymes to function, even when the enzyme output is adequate
4. Poor blood circulation with resultant inability to carry enzymes to the tumor
5. Excessive production of anti-enzymes, normally used by the body for keeping the enzymes in check

Therefore, Dr. Kelley in his principles has planned to conserve the body's supply of pancreatic enzymes for the purpose of digesting the malignant cells. The proteins are restricted in type and quantity and are consumed only between breakfast and 1:00 p.m. Digestive supplements including pancreatic enzymes are recommended by Dr. Kelley with each meal to reduce the utilization of the body's own pancreatic enzymes. These are readily available without prescription.

At 2:30 p.m. and 3:30 a.m., the therapy requires that 5 to 8 pancreatic enzyme tablets are taken orally. Dr. Kelley says that at these times, there is no protein in the intestinal tract to digest so the enzymes enter the blood stream where they digest the malignant cells in the tumors. He states that in a week or two, so much waste material from the destroyed malignant cells is dumped into the blood stream that most people's bodies cannot eliminate all of it rapidly enough to keep from feeling sick. If this occurs, he says the enzymes should be discontinued until the elimination processes catch up. Then, he says to adjust the pancreatic enzyme intake so that the patient feels a little bit sick, but not too sick, until the malignant cells are completely destroyed. He says the time depends on the tumor size and the availability of blood with enzymes at the site of the malignancy.

Dr. Kelley's book outlines an intensive nutritional program including foods, raw vegetable juices, and a number of food supplements. These materials are generally readily available. Additional information is provided in the interview.

The intensive detoxification program is intended to help the body eliminate waste materials which collect in the blood, organs, and intestinal tract.

Dr. Kelley has also developed what appears to be a highly accurate blood test for detecting cancer and monitoring the progress of the therapy. However, he does not consider it an essential part of his therapy, particularly if the patient already knows he has cancer. He considers several urine tests such as the Beard Anthrone Test and the Navarro Immunological Test to be good. He says that the patient should understand, however, that the urine tests will indicate an increasingly positive value in the first weeks of treatment because more of the hormone detected is given off when malignant cells are being digested by the enzymes.

QUESTIONS AND ANSWERS

Norman Fritz: *Dr. Kelley, we have been getting letters from several people saying they were getting good responses from your therapy. In reviewing your book* One Answer to Cancer, *we see that you include a multiple approach to cancer that we believe is highly desirable. The logic appears consistent with much of what we've learned from other therapies. One person we know says she's been giving herself your therapy. Do you consider this a do-it-yourself therapy?*

Dr. Kelley: Yes, most of it can be. Of course, it's better if you can find a doctor to help, but sometimes you can't find one who will cooperate. After all, it's the person's own life. If no one else will be responsible for his life, the patient should be.

N.F.: *Your test has several interesting features. Does your therapy depend on using the test?*

Dr. K.: It doesn't really depend on the test. If the patient already knows he has cancer, there is no use wasting his money for me to tell him what he already knows. Most cancer victims don't have much money – usually they've already spent their money. Probably the most critical thing is the pancreatic enzyme which a patient can purchase at the drug or health food store. I put all the brand names and where to get all of the supplements in the manuscript of my book, but government regulations forced me to take them out. I wanted to put all of the necessary information in the book so the patient or doctor wouldn't have to write or call me. It would save my wife a lot of letter writing. I'm so interested in research in overall health and other fields that I don't want to spend my time just with cancer.

N.F.: *Do you have results in percentages?*

Dr. K.: This is difficult to establish, but put into universal usage the information on early diagnosis that is now available and unused to the medical profession, only one in every two hundred cancer patients should be lost.

N.F.: *That is 99½% recovery rate. Is that right?*

Dr. K.: Yes, however, its very discouraging to know these results are possible and still not be able to get the information to all the people who need it.

N.F.: *I know this must be frustrating. About how many cases have you worked directly with?*

Dr. K.: Working with and through their doctors, I believe it is over 3,000. We estimate that there are many more who use the nutritional approach listed in my book without ever contacting us.

N.F.: *Do you have any criteria for determining when the cancer is so far advanced that the patient can't recover?*

Dr. K.: Yes – if our test indicates over 1,000. We've never had a patient recover whose test was over 1,000. Their defenses are just too low.

N.F.: *About how much time does the patient have if his test is 1,000?*

Dr. K.: Usually not more than a few weeks. If his doctor has given the patient a month, about 20% can recover.

N.F.: *What if he has been given 3 months?*

Dr. K.: Oh, if he has that much time, there's usually reason to be optimistic.

N.F.: *You would consider that just a routine recovery?*

Dr. K.: Yes.

N.F.: *For those with high recovery expectancy, do some types of cancer respond more readily than others?*

Dr. K.: Brain, bone, and skin cancer are slower. The difficulty is not any greater. It just takes longer. Recovery time is quicker when the cancer is in the soft tissue or in areas where the circulation is good. Where the circulation is less– as in the brain, bone, and skin – recovery is slower because we're basically depending on the circulation to take the desired body chemistry changes to the cancer site.

N.F.: *What do you consider the cost of the treatment to be if the patient buys the necessary things and gives the therapy to himself?*

Dr. K.: If he balances his total body chemistry – if he's feeling lousy, if his liver is not working well, if his adrenal glands aren't working well and so on – if he really wants to do a first-class job, it will cost him about $350.00 per month. This includes getting the heart, kidneys, liver, adrenals, circulation, and so on, back to nutritional normalcy. Our evaluation would let him know which supplements he needs so he wouldn't waste money on unnecessary ones.

N.F.: *These are primarily supplements?*

Dr. K.: Yes, they're all just basic food supplements and vitamins you can get in drug stores or health food stores. Several brands work all right. We think Dr. Lee's products are good. You know – Standard Process Laboratories, and Vitamin Products Company of Milwaukee. We know they're good quality products. V.E. Irons' products – Green Life and so on – are good too. For the better quality products, it will cost about $350.00 a month.

N.F.: *How long does the treatment take?*

Dr. K.: The average overall balancing of body chemistry time is from 8 to 36 months.

N.F.: *What are the supplements that can be used?*

Dr. K.: Supplement No. 1 in the book is a well balanced multiple heavy therapeutic vitamin. There are several of these. The more natural they are, the better. There are several companies who make natural vitamins. Each company has different lines. Some lines are available in health food stores, some from professional people such as chiropractors, doctors, and dentists.

Supplement No. 2 is a good digestive enzyme to be taken after each meal. The pancreatic enzymes are the essential enzymes in these digestive tablets. You take these after each meal, 5 to 8 tablets depending upon the severity of the cancer. You have to have these enzymes after each meal because all cancer patients are deficient in active pancreatic enzymes. They cannot metabolize protein or they wouldn't have cancer in the first place. So this is essential. I have never known of a cancer patient who – from the time they were diagnosed by their physician as having cancer until they died – did not lose weight. I'm sure there are exceptions but I don't know of them. So basically cancer is a starvation condition where the patient is actually starving to death. This is always true because they cannot assimilate or digest or utilize enough protein (and other foods). No matter how much protein they take in they are not using any of it, or enough of it. Occasionally a person will gain weight but this is due to the body fluids. They are taking in a lot of water in the body and the protein is so low in the body that the fluid in the blood leaks out into the tissues. It fills the abdominal and the thoracic cavities and all the tissues in the arms, legs, muscles, and everywhere. This happens in very, very terminal cases. They could gain weight this way but the true body weight decreases with malignancy. So one of the primary factors we are involved with in helping cancer victims is of course getting food into the body. This is essential. When we give the pancreatic enzyme in supplement no. 2, we are not assuring that it gets into the body but we are making protein more readily available. When the pancreas fails - and this is always the case in cancer or else the effect of the pancreatic enzymes failed in the tissues – we need to get the food to them and have it digested. This is one of the first steps. So we always include pancreatic enzymes. Pancreatic enzymes can normally be purchased at the local health food store or drug store. Each tablet should contain 325 mg. (triple strength or quadruple strength) Pancreatin. Some companies list 1200 mg. N.F. which is the same strength. Some tablets are coated and some are uncoated. The coated tablets are designed to go past the stomach and release in the small intestine, which is ideal. However, if the coated tablets pass through the body into the stool undigested, it would not be desirable to use them and the uncoated tablets should be taken. This is a note of caution: many clerks will try to sell the vegetable enzymes, such as pineapple or papaya, but these do not work! This type of enzyme is good for other things but is not what we want.

N.F.: *Do these pancreatic enzymes require a prescription?*

Dr. K.: Not at the present time. However, you never know what the governmental agencies will do. For over fifty years, they have been non-prescription, but if the demand becomes great, or it dawns on these agencies that people are being helped, there is no telling what they will do. As of December 31, 1974, the new F.D.A. regulations will no doubt require a prescription if they don't remove it from the market all together.

N.F.: *Is there a risk of taking too many pancreatic enzymes?*

Dr. K.: In general, no. If you destroy the tumor too fast, your body will get overloaded with poisons in the form of waste materials. Then you can really feel sick, just like the book describes. Then you should be sure to use the detoxification program to help your body get rid of the poisons. Stay off the enzymes for five days and then continue them for at least ten days before stopping them another five days. In cycling them like this, your body catches up with the elimination of the digested material. After two cyclings, increase the number of days on the enzymes in the cycle where you feel just a little bit sick but not too sick. That way you know tumors are being destroyed. We're not usually interested in getting rid of the tumor too quickly. There are a few places where this could be bad, such as in a blood vessel. If you remove the tumor faster than the body can build back healthy tissue to replace the tumor, you could have a hemorrhage.

Otherwise, there is no problem. We know of one little 6-year-old girl with cystic fibrosis who took 26 pancreatic enzyme tablets each day with no ill effects. It's not like cortisone or hormone-like materials. Pancreatin is a protein like all enzymes. If it is not used by the body to digest tumors or protein, it is broken down into amino acids and used like other protein materials.

N.F.: *How about other protein digestive enzymes like papain or bromelain?*

Dr. K.: These are all right for helping digest food. They're of absolutely no use for digesting debris. Unless the enzymes are secreted by the pancreas of an animal, they're not effective.

N.F.: *What kind of vitamin C do you use?*

Dr. K.: Supplement No. 3 is vitamin C. Any good natural vitamin C is best. It should contain other natural factors such as bioflavonoids, rutin, and hesperidin. Health food stores nearly always carry several good natural ones. Even drug stores sometimes carry natural vitamin C's.

We have found that the 4500 mg. of vitamin C given in the book is usually required only for the first 8 weeks. After that you can usually cut it down to 1500 mg. or so each day.

In the first six or eight weeks of the therapy, the body chemistry and cell metabolism are slowed way down like they're approaching a standstill. This is caused by so many waste products surrounding each cell that normal metabolism cannot take place. This includes exchanges of fluids and electrolytes. The waste products are backed up in the cell and it is poisoned. It's like a plugged sewer system. All of the processes of metabolism are clogged.

When you take an acid like the ascorbic acid in vitamin C or like hydrochloric acid, it seems to get the proper metabolism processes started again.

Supplement No. 4 is a balanced mixture of natural organic minerals and true minerals. We had our own mixture in our research work but it's not on the market. The most important and cheapest minerals are found in the form of blackstrap molasses. You should also use a natural organic mineral. The blackstrap molasses has a great ability to offset some of the bad effects of white sugar. It adds the minerals that were removed from the sugar in the refining process. The main thing is to get a lot of minerals. They are necessary to trigger the digestive enzymes.

N.F.: *Can sorghum molasses be used?*

Dr. K.: It has too low a concentration of minerals compared to blackstrap molasses.

N.F.: *Are the nitrilosides in sorghum molasses of value?*

Dr. K.: They're of value, but for our source we prefer lima beans and the buckwheat, flax, millet, and legumes in the whole grain cereal given in the book.

Supplement No. 5 is the almond diet. Use 10 in the morning and 10 at noon. The almond diet is pretty well described in the book. The almonds provide necessary proteins of very good quality. No animal protein food should be used after 1:00 p.m.

Supplement No. 6 is another protein. Several liquid predigested proteins are good for this purpose. The cancer patient is starved for protein because he has not been able to digest and assimilate it like he should. This supplement is to give him easily absorbed protein.

Supplement No. 7 is a pancreatic enzyme again and is usually the most important supplement. The particular pancreatic enzyme we're interested in is chymotrypsin. Many researchers and clinicians feel that the chymotrypsin will actually destroy or digest malignant cells. In the beginning of our studies, I used to make up capsules for my own use. Now, however, this preparation is on the market at one-fifth the cost (about twenty cents per tablet) of our original source. I took two tablets after each meal and eight at 3:30 a.m. and eight at 2:30 p.m.

A person has to follow the detoxification program carefully. He needs to keep the waste materials cleaned out of his blood stream so that he doesn't get too sick. If he still gets to feeling too sick, he'll have to stop the enzymes for 5 days like we said before. Then he can go on them again for 10 days or 2 weeks.

N.F.: *Some people have commented that the 3 tablespoons of Epsom salts stated in the book as part of the body detoxification program seem quite severe for weak patients.*

Dr. K.: Yes, that is a pretty heavy dose for weak patients. Probably 1 teaspoon an hour for 6 hours is better for them. Any method that safely and thoroughly detoxifies the body is acceptable. In order to keep the book short and as easy as possible to use, we didn't put in all of the possibilities.

One excellent detoxification program that removes a lot of poisons and that we like and use but couldn't include in the book is the 7-day detoxification program developed by V.E. Irons. I think it's available under the Green Life, Sonne, and Springreen labels. It includes bentonite which is a water suspension of a kind of highly absorbent clay.

Supplement No. 8 is hydrochloric acid which is one of the most important. It is essential for good mineral metabolism. We use Betaine Hydrochloric Acid with a little pepsin in it. There are other forms that work well also.

N.F.: *Do any of the detoxification procedures in your book* *remove the mucus from the small intestine?*

Dr. K.: They generally clean out only the large intestine. The only thing we know that will touch the mucus very effectively is Comfrey and Pepsin. Everybody should take this, 2 capsules after every meal for about 3 months. After that, once a year for 3 weeks is enough. It cleans the intestinal tract like nothing else can. Then you can assimilate the nutrients from your food through the intestinal wall into the blood.

N.F.: *Is the bentonite a good thing for a cancer patient to use together with the pancreatic enzymes and Comfrey and Pepsin?*

Dr. K.: Yes, very much so, particularly when he is going through the heavy detoxification and when his body needs all of the help it can get in getting rid of the poisons being dumped into the system.

We had many exact recommendations in the manuscript of our booklet, but this was a violation of governmental regulations. I wanted to write this book, put it on the market, and not have anybody have to come to see me or call me or write a letter or anything. We can't answer all the mail. If people could follow this program it would improve the health of the nation whether they had cancer or not.

N.F.: *If people use your concepts, can they use the Beard Anthrone test or Navarro immunological assay test to monitor progress?*

Dr. K.: I think that's a really good idea. However, the patient should know what to expect. Before they start taking the therapy, they could have the urine test run first and get, say a 6+ on the Navarro test. Then 2 or 3 weeks later or even 2 months in some cases, another test will show higher, perhaps 19 or 20, before it gets lower, because the patient is unloading so much of the chorionic gonadotrophin hormone. This is a good sign because it indicates that the tumor is being destroyed. However, the patient might be scared if he doesn't understand this.

N.F.: *Yes, Laetrile therapy is often discontinued for some time before a urine test is run.*

Dr. K.: Both of the urine tests are good because they're inexpensive and available.

N.F.: *Dr. Kelley, we certainly thank you for this interview.*

Dr. K.: It's not so simple to stay on the diet or to change your lifelong habits and way of life, but the patient who really wants to live can do it. The techniques of treatment are really simple.

In the previous interview, Dr. Kelley stated that a cancer patient with a life expectancy of three months or more could follow a program to give the patient a very good chance of recovery. The program is presented in the book *One Answer to Cancer* and additional details are stated in the interview. Dr. Kelley said that although the assistance of a cooperating physician is desirable, a person could get the essential materials from drug or health food stores and treat himself.

N.F.: *Dr. Kelley, since the interview with you appeared in the* Journal, *many people have written to report good results from using your therapy. In this interview perhaps you can answer some of the questions that people are asking.*

You have mentioned a product called "Comfrey and Pepsin" made by Standard Process Laboratories. It wasn't in your book. What does it do?

Dr. K.: We couldn't put it in the book. If I had only one kind of pill to give everybody, for cancer or otherwise, I would want them to have "Comfrey and Pepsin." It would probably do the nation's health more good than any other one pill. It digests the mucus that coats the walls of many people's small intestines. The mucus is caused by certain foods such as pasteurized milk and many cooked foods. Raw foods are much better. The mucus coats the villi on the wall of the small intestine. The villi are like tiny fingers that stick out from the intestinal wall to absorb nutrients from the digested food which is primarily liquid. The mucus on the villi tends to block the absorption of nutrients from the food. Sometimes the mucus gets so thick and tough it is almost like a plastic film. Almost no nutrition can get through to the body. That person could take $500 worth of supplements a month along with a good diet and still get almost no value from them. The person would be starving so he would tend to keep eating more food including protein. More of his pancreatic enzymes would be used to digest the protein even though it could not be properly absorbed. If all of the pancreatic enzymes were used up, there would be none left in the blood to destroy cancer cells.

The comfrey root is a very sticky, gooey, vegetable material. It tends to stick the pepsin enzyme to the mucus on the intestinal wall long enough to digest some of the mucus. If the "Comfrey and Pepsin" capsules are taken for several weeks, this mucus will gradually be digested. The blood can then receive more nutrients from the food, even if it is from a poor diet. Sometimes it takes three months. After that, it's a good idea to use the "Comfrey and Pepsin" once a year for three or four weeks to keep the mucus from building up.

N.F.: *Does the mucus block all nutrients from being absorbed?*

Dr. K.: It varies with different people. Sometimes it blocks minerals and larger molecules while in some people it partially blocks all nutrients.

N.F.: *Would this be a cause of overweight in people who eat more food to get protein but who absorb only the smaller carbohydrate molecules while the larger protein molecules are blocked?*

Dr. K.: This is very true. We have found that almost every person who is very much overweight has a mucus problem.

N.F.: *Sometimes we're asked what can be done for a person who doesn't have money for therapy or travel to doctors outside the country. The $350.00 a month you mentioned in the first interview is still more than some people can afford.*

Dr. K.: If they otherwise have a few months left to live, most of these people can still recover if they just use the most important supplements. These would cost about $75.00 to $250.00 a month. The pancreatic enzymes, blackstrap molasses, and "Comfrey and Pepsin" are usually the most important. It would be wise for the patient to use 2 or 3 tablespoons of blackstrap molasses a day for minerals. It costs less than a dollar a quart from their health food store. Then the "Comfrey and Pepsin" should be used to make sure they can absorb the nutrients from their food. They should use 2 after each meal for 3 months. They should take the coffee enemas and as much as they can of the detoxification program given in the book, *One Answer to Cancer.* This is to get the body wastes and poisons out of the blood stream, tissue, and organs. Then they should use as much of the diet and nutritional program as they can. Except for the cost of a juicer, the food probably won't cost any more than their regular diet. Then they just have to tough it out. Most of them can recover.

N.F.: *Is there anything that can be done to dissolve nonmalignant tumors?*

Dr. K.: When we started our research we didn't know of anything that would help them. As our research has developed, it appears that mineral balance is the critical thing. It seems to work on all of these people. This developed as a side effect we didn't plan on so we're quite pleased with it. Sometimes there are fatty tumors. It appears that if enough vitamin F is assimilated, the fatty tumors can be dissolved too. The liver function must be good enough to assimilate the vitamin F. This often happens as a part of our complete nutritional program.

N.F.: *What do you consider to be the best and most practical way to diagnose cancer?*

Dr. K.: There are several ways I know of and several more in which research is indicated. I'll go through some of these from the crude to the more sophisticated systems of diagnosis.

The first one, the simplest and one that many people can do themselves, is the "smell" test. It is quite accurate for advanced cancer and usually works for intermediate cancer. It usually doesn't work for early cancer.

Cancer has a very definite smell. No other condition smells like it except a few types of pregnant conditions. Patients often say they've smelled this odor many months before their condition was diagnosed. Many times I've gone into a person's home and smelled it. In one case it turned out to be their dog. This test is somewhat crude but very definitely a diagnostic method and easy to do.

N.F.: *Several people have told me they have noticed this smell around themselves or a family member, sometimes years after they noticed it around some previous cancer patient.*

Dr. K.: Another test I like which is usually quite accurate, at least as a screening test, is the way the blood appears when it comes out after a person's finger is punctured. If it stays in a high hemispherical ball, it's very unlikely the person has cancer unless he's quite dehydrated. Sometimes a person with advanced cancer is dehydrated enough to get a wrong indication. If the blood is very fluid and runny and runs out very flat into the finger prints, this person is almost sure to have cancer unless he's been taking blood thinners.

If the blood is a little bit flat to fairly flat the per cent will run about 600 to 800 on the Kelley Malignancy Index. What we're looking at is the protein content of the blood. If there's plenty of good protein present, the blood holds together to form a ball. Otherwise, it flattens out.

In slow growing cancers the body has been unable to absorb or use protein from the food for a long time. Then protein is depleted from the body itself. Thus the test is then quite accurate. In some fast growing cancers, the person's body may not yet be as depleted in protein so the blood may still have enough protein in it to hold together fairly well.

Sometimes a needle puncture works all right but if the blood doesn't come out easily and the finger has to be squeezed hard, the test may give a wrong indication. Therefore, it's better to use a little lancet which makes a bigger puncture in the finger.

Then we go into several very good laboratory diagnostic tests such as Dr. Navarro's and Dr. Beard's urine tests. There are also some very good blood tests. Although these are all quite accurate, they are not generally accepted by the medical profession.

Next we come to the medically accepted tests such as biopsies and Pap smear tests. These are discussed to some extent in my book.

Then we have developed a test for many of the things important from a nutritional viewpoint. One part of the test relates to cancer. Our test runs on a scale from 0 to 1000. We've never had anyone survive 1000 on our scale. When the orthodox medical doctors diagnose cancer, it's about 800 on our scale. By that time the person will usually have had cancer for an average of about 39 months. Dr. Navarro's test and Dr. Beard's test will begin to detect cancer when it's about 300 on our scale. At that point the patient has had cancer for about 8 to 14 months. Of course, that still gives the patient plenty of time to stop his cancer without any problem.

N.F.: *I've been wondering if a simple, inexpensive test could be just to take the pancreatin 4 times daily at the times you give for your therapy. You've said the pancreatic enzymes won't make anyone feel sick unless they have cancer, so if the person begins to feel sick in a few days it seems this would indicate cancer. Then he can go on the detoxification program and the rest of your therapy as long as necessary. If the enzymes make the person too sick, he can stop anytime he wishes, as you've said before, to allow his body to catch up in getting rid of waste materials from dead cancer cells.*

If he stays on the high intake of pancreatic enzymes for 2 or 3 weeks, the cost will be less than $30.00. If he doesn't get sick in that length of time, can he be certain he doesn't have cancer?

Dr. K.: Yes, that works all right. The person should understand though that if he gets to feeling very sick, he should stop taking the enzymes until his body catches up with the elimination of waste material from the dead cancer cells. He can really get sick—headaches, nausea, gas, dizziness, weakness, and various aches and pains—if he kills too many cancer cells before the body can clean them out. The detoxification is very important. He can kill a lot more cancer cells a lot faster without overloading his liver and other eliminating functions if he helps his body do the job with a good detoxification program. That's the reason it's emphasized in my book.

N.F.: *What does your test detect?*

Dr. K.: Our evaluation is called a Functional Metabolism Index. In addition to the factors directly relating to the cancer, we determine the balance of many other functions in the body. This is because we're interested in the total health of the individual, not just his ability to overcome cancer. A person can recover from cancer but continue to go along feeling bad for years until he dies of something else. We would like for the person to recover from cancer plus be in good health in other ways so he can enjoy living.

In this evaluation of the person's nutritional status, we determine the calcium–phosphorus balance, the general metabolism, the acid-alkaline balance, the nutritional level of the pancreas, liver, lungs, kidneys, skin, colon, the levels of blood sugar and blood protein, protein metabolism, mineral metabolism, vitamin metabolism, the function of the heart, blood vessels, circulation, and gastrointestinal tract, the level of the glands– the pineal, pituitary, parotid, thyroid, parathyroid, thymus, spleen, lymph system, both adrenals, and the gonads. The evaluation also notes the condition of the muscle system, bone system, bone marrow, connective tissue system, antonomic nervous system, white blood cells, red blood cells, the hemoglobin. Levels of sodium, potassium, whole fat, and cholesterol are indicated.

Then we go into the cancer index. This is just a part of our original test. In doing this research we've been interested in everything from myasthenia gravis to epilepsy from a nutritional point of view. In the cancer section of this, we run the K.U. which is the Kelley Index of Malignancy in Kelley units. This is basically a scale of the ability of the body to defend itself. If it's 1000, it's too late. The body is so weak it can't defend itself. Then we estimate the growth rate of the tumor in milligrams per 24 hours as well as the weight of the tumor in grams. Next it correlates the number of tumors. Usually there are at least 3. The most we've found is 47. Then there is age, the length of time the patient has had cancer. Next is the determination of the basic cause–whether it's Class I, or over intake of protein; Class II or injury; or whether it's Class III or basic malfunction of body chemistry. These are described in the book. Then the locations of primary tumor sites are fairly accurately correlated.

As you can see, it's quite an extensive and inclusive evaluation.

N.F.: *It sounds like it. Is there anyone else giving the test?*

Dr. K.: Not yet. Each test presently runs about $430.00 for labor costs, computer time, and other costs, although the total cost will reduce as the procedures improve. The Research Foundation receives from the patient for an initial evaluation $300.00, and $150.00 for each reevaluation. Research grants supporting the Foundation make up the difference. We have decided that no one else should use the test until he has clearly demonstrated his proficiency. One other doctor has been demonstrating improving proficiency with the test but he is not yet fully authorized to give the test.

N.F.: *Do you accept cancer patients at The Kelley Foundation?*

Dr. K.: The only way we can accept a patient is if he has a written order from a doctor requesting us to prepare a nutritional program for the patient. Then I can make an evaluation. It has to be a medical doctor or osteopath because in Texas we can't legally do it for a chiropractor or naturopath. We can't treat the patient.

The written order for the doctor to sign if the patient wants to come here for an evaluation can be obtained by writing the Foundation as Box 89, Grapevine, Texas 76051. We cannot discuss the patient's case without such a written request. If a doctor requests us to do this for him, we're just performing a service for the doctor, just like a nurse or other technician performing a service for any doctor.

The patient must come to us since the government won't permit us to receive blood samples through the mail or interstate shipment for testing.

N.F.: *Does a patient have to be there in person to take your test?*

Dr. K.: Yes, the Federal government won't allow anybody to receive a specimen unless he is a registered pathologist. I am a dentist, not a medical doctor or pathologist, so that prevents any specimen from being shipped to us.

One kind of handwriting analysis can show when cancer is present. As the body loses its protein, the muscles become affected and cause changes in handwriting that can be seen under low magnification.

Another test is to observe a certain stress pattern visible in a person's face. It's not perfect but can indicate that a more accurate test is desirable.

Because of the tremendous interest stimulated through the interview reports concerning Dr. Kelley's Cancer Therapy, many requests have come to the I.A.C.V.F. National Headquarters Office. In response to this demand we felt it beneficial to contact Dr. Kelley for another interview.

To briefly repeat the introductions to the above interviews, let us state that Dr. Kelley planned his therapy so that for most cancer patients:

1. All necessary materials would be available locally, eliminating any mandatory travel
2. The materials would be already approved by the Food and Drug Administration (FDA) for sale in the United States
3. Most of the materials would be obtained from animal and vegetable sources in order to generally be safe and non-toxic
4. The therapy would be quite inexpensive when compared to the presently used conventional treatments
5. A doctor's assistance would not be essential. However, the assistance of a cooperating physician is desirable if one can be found (many doctors will dare not risk any cooperation). Unless the patient is too weak, he could give himself most of

the therapy. A family member or friend could be of considerable assistance

6. The essential information would be presented in an inexpensive book written in easily understood language

Dr. Kelley has stated that the techniques of the therapy are very simple but many people are unwilling to change their habits and ways of living enough to accept this new method. However, we have met and received many letters from people who, after reading his book, *ONE ANSWER TO CANCER*, and the two previous interviews, are reporting good results.

Dr. Kelley's therapy, described in *ONE ANSWER TO CANCER,* is planned to include at least three of the principal approaches to cancer treatment:

1. A way of destroying malignant cancer cells directly
2. An intensive therapeutic nutritional program
3. An intensive detoxification program

His book outlines an intensive nutritional program including foods, raw vegetable juices and a number of food supplements. These materials are generally readily available.

The intensive detoxification program is intended to help the body eliminate waste materials which collect in the blood, organs, and intestinal tract.

Some of our readers have raised pertinent questions as a result of previous interviews with Dr. Kelley. In response to these requests for additional information we have contacted Dr. Kelley for the following interview:

N.F.: *Since our first interviews with you in the last 1970 issue and first 1971 issue of the* Cancer News Journals, *there must be many things that you have found which would be of interest to our readers.*

Dr. K.: Yes, but more important are things about our program which should be clarified. For example: What is cancer? We feel that cancer is a basic malfunction of body chemistry dealing with protein metabolism. Cancer then is the inability of the body to properly metabolize protein—just as diabetes is the inability of the body to metabolize carbohydrates and sugars.

N.F.: *If this is true, then the whole medical profession is not treating cancer.*

Dr. K.: This could not be any more true! With the exception of the physicians with whom we work, I do not know of a single doctor who treats cancer. They all treat malignant tumors, and they are very good at it! I have a great deal of respect for their ability to treat malignant tumors. Their skill in surgery is unsurpassed. Their ability to use toxic chemicals is remarkable. They can bring a patient to the brink of death and hold him there for long periods of time. Then they can bring him out of danger for awhile—like in the case of leukemia where the chemicals stop white and red blood cell production or lower it to the "brink of disaster" for long periods of time. Their ability to use radiation is truly phenomenal—they can pinpoint the radiation to the size of a dime. They can do this in three dimensions so there is not a spot in the body that they cannot effectively treat.

N.F.: *Yes, this is true, but it doesn't seem to be enough and it looks as if they should be getting to the source of the problem of cancer—not to the end result—the malignant tumor.*

Dr. K.: Exactly! The malignant tumor must be dealt with, but more than that, the body must be brought back into proper nutritional chemical balance so that other tumors will not form. Let us get to the cause and prevent tumors from forming! The beneficial side effect is for the patient to feel good and be in a better state of health than he has ever been in before. This is one of the most frequent statements that we hear from those who follow a good nutritional program: "I feel better than I have since childhood!"

N.F.: *Then, you are in favor of surgery, chemical therapy and radiation?*

Dr. K.: No, not the way it is practiced today. Let me explain: Because our modern medical treatment has failed so miserably, the physician is very much on the defensive and in his desire to be effective, he has gone berserk. For example: A lady has a tiny knot in her breast. She is put under anesthesia and the knot is removed and examined while she is still unconscious. If it is malignant, off goes the whole breast, but not only that, it is common practice to become radical, so off goes all tissue to the bone and all the lymph nodes in the upper arm in short, she is mutilated. Then, a month or so later, she is subjected to the maximum radiation exposure. When that process is complete, she is often placed on chemical therapy for the rest of her life. She is severely mutilated and kept so sick on chemicals that she often wishes she were dead and longs to feel good for just one day.

N.F.: *Well then, how should the modern medical doctor proceed with surgery?*

Dr. K.: I have tried for years to interest the surgeon in placing the patient on our nutritional enzyme system for at least 12 weeks and then, if surgery is still indicated in his opinion, to do a very conservative surgery, removing only the primary mass and then keeping the patient on the proper nutritional metabolic program. If the surgeon would do this, his successes would be so high that he would soon have an international reputation. In a great majority of the cases where surgery has been thought to be necessary, after at least 12 weeks on the enzyme therapy, no mass remains to be removed. In some cases where the mass has been quite large, a part of it will still be intact, and the surgeon will keep a careful watch on it to be sure that it dissolves steadily, rather than going ahead with the surgery at that point. There are of course some cases where the tumor is pressing on a vital organ, cutting off the organ's function, and in this instance, most of the time the tumor has to be removed immediately.

N.F.: *Then you do believe in surgery with limitations. What about chemical therapy and radiation?*

Dr. K.: Of course, the best chemical therapy is the non-toxic such as Laetrile, Koch, Hoxey, Carcalon, etc. and is much more preferable without any doubt. I hope that soon these will be available to all local physicians. However, I feel that chemical therapy, non-toxic or toxic, is not getting to the base of the problem and when used, should be in conjunction with a proper nutritional metabolic program, which should give the optimum advantage to date for the patient. Now, about radiation: This is a very questionable thing in my mind. At the present time, I would recommend radiation only under the following conditions: 1. When the pain is so great that it is unbearable, and after having used Laetrile and the other non-toxic therapies which often work well for pain, 2. In rapidly growing tumors which interfere with normal body functions, such as those tumors that press against a major blood vessel interfering with circulation, or in the area of the lungs that interferes with breathing, or in the area of the neck of the bladder that interferes with proper urine elimination, or in the voice box that interferes with breathing or speaking, 3. Radiation could also be used in areas that do not interfere with normal body functions, such as on the foot or the leg. In general, radiation of any form is very objectionable to me and is the least desirable of all therapies.

N.F.: *From the tone of the conversation, one would get the opinion that you believe in diet only.*

Dr. K.: No, this is not entirely true. I am sorry to give that impression and this must not be misunderstood. What I am really trying to say is that it is unfortunate that the general nutritional condition in our country is so bad that cancer has to develop to the point of malignant tumors. Let us try to limit cancer to the "sub-clinical" level and eliminate it altogether before it reaches the stage of malignant tumors. When it once gets to that advanced stage, we often use a crash program to repair health, but we will never regain health if we do not consider the nutritional aspect of it. In the crash program, the patient should have a well balanced nutritional metabolic program, and then if he decides to do something else also, the following is the order of preference: 1. Non-toxic chemicals 2. Surgery 3. Toxic chemicals and last 4. Radiation. I hope that this is clear to all readers of *Cancer News Journal.*

N.F.: *Do many patients try to get you to tell them what programs to follow?*

Dr. K.: Oh, my goodness, yes! Almost always, the cancer patient wants someone else to make the decision of what program he should follow. They come to me and tell me that their doctor says that they should take cobalt or some such program, and they want desperately for me to tell them that it is either okay to do this or not to do this. Unfortunately, it is against the law for me to tell them what to do, but more than that, it would be immoral for me to do. This is one's own personal decision and he should weigh all factors, make a decision and follow it. It is very easy for someone to say that they would do such and such. The problem is: Has that doctor or person been faced with the decision, and if so, what did he do? When I was faced with the problem, I chose nutrition only, and it worked for me. The other day a lady with whom I was talking said, "Yes, that is fine, but what shall I do for my daughter?" The only answer that I could give to her was that I was faced with this problem also—not with one, but with two daughters, and I chose nutrition and it worked in these situations also very well. It should always be in mind that there is great risk in any program that you choose or in any combination of programs that are appealing to you.

N.F.: *It is so difficult to know what is a good nutritional metabolic program for each individual. Is there any way that this can be accomplished?*

Dr. K.: Yes. As you know, this is the type of research that we have been engaged in for the past several years. By testing the individual, we have arrived at very carefully balanced metabolic programs for the patient.

N.F.: *It is quite expensive for the cancer victim to go to Texas for these tests and some are so ill that it is a physical impossibility for them to get there.*

Dr. K.: For many years now, we have tried to get those who have backed our research to mass produce the limited information that we have in this area. We have now made this service available to everyone without the expensive trip to Texas.

N.F.: *This is very encouraging. Can you tell us a little more about this?*

Dr. K.: Our present program of research has allowed us to collect a great deal of data. This has been quite expensive to our backers and in order to proceed with the new program, which will within itself be quite expensive, they have decided to withdraw their financial support in our present testing program, and place it in the new program. This will mean that individuals wishing our testing facilities will have to pay a higher rate for them. Also, it will mean that they will be able to obtain the basic necessary information they need for a proper nutritional metabolic program without coming to Texas.

N.F.: *Just how will this be accomplished?*

Dr. K.: We will work through the individual's physician. The physician will request a Nutritional Evaluation Survey booklet which we will send to him. He will then help the patient complete all the questions in this booklet and return it to us. Our new computer will then print out a complete nutritional program for that individual, including diet, menus, supplements, etc.

N.F.: *This sounds very interesting, but many people have complained to us that your service is available to them only through an M.D. or D.O. and that they do not use medical doctors or osteopaths. Will this new service be available to their chiropractor?*

Dr. K.: Yes, I am happy to say that we will be able to work with the individual's chiropractor or dentist. It must be emphasized now that the form and nature of the new program will not be exactly as it has been in the past. The new result will be the same – a well balanced nutritional metabolic program for each individual.

N.F.: *Let us now turn to the problems at hand at this time. The most important one is the question, "Do I have cancer?"*

Dr. K.: Of course this is the most important one to the individual and early detection is very critical. As was brought out in our previous interview, the very best early detection for malignancy is a simple little test each individual can perform on himself. This is done by taking six or eight pancreatin tablets (1200 mg. N.F. pancreatin for each tablet) after each meal. We use Carlson's No. 34. Others that can be used are Viokase, Lilly's No. 1001 or No. 16, or any other tablet that has approximately 1200 mg. N.F. pancreatin.

After taking these for three to six weeks, if you feel worse –nausea, loss of appetite, "goopy," or in general listless, you can be assured that you have a malignant condition present in your body. If you feel better, you can be assured that you have a pre-malignant condition. In either case, you should continue taking the pancreatin. If, however, you feel no different after one month, you can forget about it for six months. This procedure should be repeated every six months as a self testing system. Of course, this is not 100% accurate, but it would virtually eliminate the "not knowing" until it is too late routine that is so common in the medical world today.

N.F.: *So many people seem to feel worse with the passing of two or three weeks after starting on your program. Will you explain this?*

Dr. K.: I would be happy to. There are two or three things that happen to a body when good nutrition is introduced into it. We like to call them "healing crises" and here is what we believe goes on within the body: First of all, the heavy enzyme level in the body digests the food properly, making available to the individual cells nutrition like they have never had before. They in turn start repairing and making new cells as fast as they can, throwing toxins into the body at a high rate, often stressing the liver and kidneys beyond their capacities. Secondly, the high enzyme level in the blood destroys foreign proteins within the body, releasing many toxins into the system. The toxic level goes in cycles normally starting after about three weeks on the program. When this happens, the patient should leave off the supplements for five days, then go back to them for ten days or longer, repeating this until his body can handle the toxins released by this regrowth that is taking place. Thirdly, the healing crisis is characterized by the desire to sleep and eat—much like an infant who sleeps, eats, sleeps, eats, etc. It is very exhausting work to grow a new body and that is exactly what the cancer victim is trying to do.

N.F.: *Have you noted other things that would be of value to our readers?*

Dr. K.: Often the patients try too many different therapies at one time. This overloads the body with toxins, which sometimes proves fatal. I understand in their anxiety that they want to cover the field and make sure that they are doing everything possible. Sometimes it is difficult for me to understand that a patient wants to go the "natural route" and also fill his body with poisons!

N.F.: *What would be the most important single bit of caution that* *you could give the patient?*

Dr. K.: The first objective of the patient is to destroy the tumor mass at a rate that will not cause an over-toxic condition and overwork the liver and kidneys, so his diet and supplements will have to be regulated to accomplish this objective. The second objective is to build a new body, and of course this can only be accomplished by good nutrition and TIME. It takes an average of four years to grow a malignant condition —he is not going to grow a new body in a few days or weeks. He has to learn to be patient and let nature have a chance!

N.F.: *Let's be more specific, please.*

Dr. K.: Okay. I would detoxify every three weeks with a one day purge and a one day fast on carrot juice as outlined previously in Chapter VII (without taking the supplements). I would then take the heavy dosage of pancreatic enzymes and supplements until I got sicker than I normally felt. Then I would stop for the five days, then go back on the supplements for at least ten days and preferably longer, if possible. I would take a coffee enema once or twice a day and make myself eat as much good food as possible. I would rest a lot and try not to get too discouraged and let nature and my body have enough time to heal properly.

N.F.: *What is the psychological impact when a person is told that he has cancer?*

Dr. K.: In my own case, it was such a shock that I was numb for two or three days. I had the feeling of total despair and helplessness, and this is one of the major areas in which orthodox medicine fails. The doctors encourage the patient in this helplessness! The most frequent question is, "What can I do, doctor?" and the reply is normally, "Don't worry, we will take care of everything."

N.F.: *You certainly can't say that about your program! The patient is kept busy from morning until night doing his part.*

Dr. K.: Yes, this is absolutely critical and success of the program depends on it. After all, it gives the patient a sense of security to know that he himself is doing the maximum effort. This is particularly gratifying as he feels the healing take place.

N.F.: *Does the patient get discouraged often?*

Dr. K.: Oh yes, he often gets so discouraged that he can't look another carrot in the eye and curses the day that he ever heard of Dr. Kelley. But this comes in cycles though. The biggest hurdle is when he gets so toxic that he loses his appetite, gets nauseated and has a general "goopy sick feeling." All of his relatives say, "Stop! This program is killing you!" Then, he has not only cancer, but relatives to fight, and this really gets him into a state of desperation. And when he stops the program for awhile, he does feel better, but if he stops for too long, it is fatal! Usually about five days of discontinuing the supplements allows the body to detoxify and then he has to get back to the old grind again for ten days or longer.

N.F.: *Do you ever get scared while on the program?*

Dr. K.: You certainly do! You feel all these things happening in your body such as toxic reactions, lymph system swelling, pain, fever–all the healing crises–and here is where a lot of people just give up, especially when he has a doctor or a relative or both "brainwashing" him into believing that he is getting worse. He must remember though, that it is always darkest before the dawn!

N.F.: *Many people find the purge very distasteful. Is the purge really necessary?*

Dr. K.: Yes, it is. It is one of the most important parts of our program. Let me explain the purpose of it. It has two functions. One is to detoxify the body or help get the wastes out of the system so that normal metabolism can continue. Secondly, it helps to regulate the pH of the body–that is the acid-alkaline balance–and this is where many physicians fail in their cancer therapies. You see, the pancreatic enzyme works best in an alkaline condition or solution, so even your own defenses are better if you take this into consideration. As your body becomes more extremely acid, the efficiency of the enzymes decreases. As you become more neutral or slightly alkaline, their efficiency increases.

N.F.: *Then this is why you recommend enzymes at 3:30 a.m. and 2:30 p.m.?*

Dr. K.: Yes, but there can be some modifications here. Four and one half hours before the first meal and two and one half hours after the second meal works well also for those who have abnormal working hours.

If the purge makes the patient too weak, he can take it for one day only every two or three weeks, followed by one day of a carrot juice fast.

N.F.: *This should be good news for many -especially those who work. They can follow this on the weekend.*

After the patient gets well, are there things that should be brought to his attention?

Dr. K.: Yes, there certainly are. Whenever the body chemistry is balanced, and a patient has a negative index report, he is overjoyed and feels triumphant and victorious, and he has a right to feel this way! But here is where the trouble starts again. Too often he celebrates the victory by stopping the enzymes and going on a wild "junk" eating binge. When this happens, the victory is short lived. It is usually only about six months and then he has another battle on his hands. Like Dr. Howard Beard warns, "Just because you get over cancer once, it doesn't mean or guarantee that you will not get it again!" This is so true, we cannot overemphasize it! Cancer is nothing more than your body's inability to metabolize protein, so it is necessary to keep taking four to six pancreatic enzymes after each meal for the rest of your life and also three to five Protezyme tablets at 3:30 a.m. or *bedtime* and two after each meal. You must keep taking good vitamins and minerals and STAY OFF JUNK FOOD! This is up to you and it is something you can do. All the money and doctors in the world cannot do it for you.

N.F.: *I am sure since our last interview that you have made some refinements in the Kelley program. Would you go through the program step by step for our readers?*

Dr. K.: I would be glad to. We are primarily talking about balance—proper balance of the body chemistry. Solomon said, "There is a time and place for everything." The secret is to get a perfect balance between all things, and this is all that we are trying to do and all that is necessary.

N.F.: *What would be the first step?*

Dr. K.: Well, first the body metabolism or functions cannot take place properly when the body is so extremely toxic. So, detoxify and clean out the body and keep it detoxified. The purge and fast and the coffee enemas outlined in our book were designed to do this. We recommended one coffee enema each morning, but as you will remember, that genius Max Gerson often used more on advanced cases. The patient can take two to four coffee enemas each day.

N.F.: *The alkaline purge helps keep the body at a more natural pH where one's own defenses are at an optimum.*

Dr. K.: The next most important thing to keep in mind is that cancer is just the inability of the body to metabolize protein. You wouldn't give a diabetic all the sugar that he craves and likewise, you must limit but not eliminate the intake of protein until the metabolism is corrected. The basic diet is discussed in our book, but the main thing to remember is to have no milk, meat, white sugar or white flour for several months.

N.F.: *But will this correct the situation?*

Dr. K.: In a large percentage of the cases, it could; however, none of us want to take the chance that it might not, so we must supplement our intake of nutrition and capacity to digest and assimilate the improved diet.

N.F.: *I would imagine that digestion, and even more important the assimilation, is the critical thing.*

Dr. K.: You are 100% right! You can buy the best and most expensive food in the world, but when you fail to get it from the intestinal tract into the blood stream or from the blood stream into the individual cells, YOU HAVE LOST THE BATTLE! This is what our program is all about. A complete, well balanced, well functioning body is what we aim for.

N.F.: *Then, let us talk about the supplements.*

Dr. K.: Okay. First of all, I would take Comfrey-Pepsin and Zymex II capsules (two of each after each meal). These two tend to clean the mucus and other debris from the intestinal tract. Food cannot be absorbed through a mucus filter.

N.F.: *Where can a person get these products?*

Dr. K.: They are made by Standard Process Laboratories of Milwaukee, Wisconsin and are available from some health food stores and some professional people such as chiropractors. The same is true for many of the products that I use for good nutrition and supplemental aids to balance my body chemistry.

It should be stressed that we do not give a specific supplement for a specific condition. It is the balance of the supplements in relation to your nutritional deficiencies. We only balance the nutritional needs. We do not treat disease conditions. Once the body has the proper raw materials and can properly utilize them, the person has the greatest advantage for self help. Cancer victims have a characteristic nutritional deficiency pattern. If we correct this, or if the attending physician takes this into account, it will facilitate his treatment of this type of patient. He can use whatever form of treatment that he chooses, but for best results, he should be aware of all the nutritional help that he can get. It is like the doctor who treats diabetes only with insulin, and pays no attention to diet. His success rate is very low. When he learns about nutrition, he can control most of his diabetic cases with diet. The same is true in relation to cancer. DIET IS IMPORTANT! But let us go on. The next most critical point is digestion! Almost everyone over 40 has from moderate to severe digestive problems. These are divided into three stages: 1. Hydrochloric acid in the stomach is often low. We have found it best to take one or two Betaine Hydrochloric Acid tablets, or three or four Zypan tablets immediately after each meal (Standard Process Labs.). One or two Acididyn tablets (Nutri-Dyn Dist.) may be used in place of the Betaine Hydrochloride or Zypan. 2. Pancreatic digestive malfunction is present in every cancer victim, without exception. We have found that the best thing to do is to take about seven pancreatin tablets after each meal. There are a variety of brands on the market. We will list some of the most effective: Carlson's No. 34 Digestaids (J.R. Carlson Labs., 5500 N. Kedzie Ave., Chicago, Ill. 60625); Raw Pancreas (Nutri-Dyn Dist., 4959 W. Fullerton, Chicago, Ill. 60639); Viobin Pancreatin (Viobin Corp., Monticello, Ill. 61856); Lilly's No. 16 and No. 1001 (drug store). The main thing to remember is that whatever brand of pancreatin is purchased, it should contain 1200 mg. N.F. pancreatin or more for each tablet. 3. Oil and fat metabolism are absolutely essential to obtain the oil soluble vitamins. We take every opportunity to help this and stimulate liver function. We have already mentioned two parts of this: the coffee enema and Carlson's Digestaid No. 34. Nutri-Dyn's Lipozyme is also effective in fat metabolism and can be interchanged with Carlson's Digestaid No. 34. In addition, I recommend taking 2 Hepatrophin before meals and 2 Betafood after meals (Standard Process Labs.). Most cancer victims need all the help in rejuvenating the liver that they can possibly get. I feel that taking six capsules of Viobin's Jayron before each meal is also beneficial.

N.F.: *What about chymotrypsin in the digestive processes? Have you abandoned this concept?*

Dr. K.: Not at all! In fact, I want to even more strongly emphasize the highly concentrated pure chymotrypsin enzyme available to us today which makes it much nicer than in the days of our original research projects. The Wampole Company produces Avazyme, which is an excellent product. It is absolutely safe and is a must if one is to have full nutritional recovery and a well balanced body chemistry. Also available is Nutri-Dyn's Protezyme, which is a superior protein digestant. I use and prefer it myself. I take five to eight tablets at 3:30 a.m. and 2:30 p.m. and two after each meal.

N.F.: *What is the function of this?*

Dr. K.: It's function, of course, is digestive. We use it to help digest any debris in the intestinal tract as well as the food. In addition, it will digest any foreign protein in the body such as dead sluffed off cells, waste products of metabolism, etc.

N.F.: *Are there any contraindications for such high usage of the pancreatic and chymotrypsin enzymes?*

Dr. K.: You must remember that they are perfectly safe—they do not act like cortisone, to in any way hurt the body—because they are amino acids. However, I would not use them if I were taking antibiotics. I would be a little careful with them in cases of pregnancy, and of course you must regulate the intake by the toxic reaction that you get, but we mentioned this before.

N.F.: *Now the digestive factors are covered. What other supplements are desirable?*

Dr. K.: The next most important factor is mineral metabolism because enzymes are not effective without minerals. I suggest that a patient use one or two tablespoons of blackstrap molasses a day, preferably taken after meals, brushing teeth immediately after swallowing. To keep the potassium level high, 2 Organic Minerals before meals (Standard Process Labs.). To obtain all of the trace minerals needed, it would be wise to take 2 mineral supplement tablets before meals. Three good brands are: Key-Mins (J.R. Carlson Labs.), Trace-Min (Nutri-Dyn Dist.), and A/G Pro (Miller Pharmacal Co., Box 299, West Chicago, Ill. 60185).

N.F.: *What is the vitamin's role in your balanced system?*

Dr. K.: Of course it is next in importance. For those who could participate in our research, we would determine exactly which deficiencies were present. This is desirable, but not absolutely necessary. Any good multi-vitamin, natural, of course, is the preference. After each meal we use: 2 Cyro yeast wafers (Standard Process Labs.), or 1 Multidyn tablet (Nutri-Dyn Dist.), or 2 Nata-Key tablets (J.R. Carlson Labs.), or 6 Greenlife tablets (G. & G. Sales, Box 1697, Abilene, Texas 79604). The patient should also take quite a lot of vitamin C – between 3,000 and 4,500 or more milligrams per day.

N.F.: *You have not mentioned vitamin E. Do you consider it very important?*

Dr. K.: This has been one of our shortcomings—we haven't stressed it enough. Lately, I use one Carlson's 400 I.U. E-Gems before each meal. You know, Dr. Warburg, twice a Nobel Prize winner, discovered the relationship of oxygen deficiency to cancer. Of course, vitamin E is a great help in oxygen utilization.

Another factor that we've found helpful to the cancer victim is a strong vitamin B. The cheapest and most natural form is brewer's or nutritional yeast - 1 to 2 tablespoons twice a day. For those patients who find the taste of the yeast objectionable, we recommend 3 B Compleet tablets after each meal (J.R. Carlson Labs.). This tends to curb the terrible depression and mental "down" that goes along with the cancer syndrome which is associated with vitamin B deficiency.

N.F.: *Your concepts are very thorough and include such a wide* *comprehensive program–isn't it terribly expensive?*

Dr. K.: In a way, yes, particularly when the patient can't get any help from Medicare, insurance, etc. But looking at it another way, it is very inexpensive. Compared to orthodox standards, you could buy supplements and good food for a month on the money you would spend for staying two days in the hospital. Then, too, funerals are rather expensive these days! When I was a child, I heard my elders say that there were two things that were always with us and those were taxes and death, and it looks as if we have plenty of both nowadays. Lazarus finally passed on, even after Jesus raised him from the dead. It is our objective for the cancer victim, through God's help, to perform his own miracles, and feel good, and really live while he is doing God's work here on earth.

N.F.: *You mentioned doctors working with you. Are they staff members of your Foundation?*

Dr. K.: No, we do not maintain a clinical staff or a treatment clinic. We are only a research facility. The doctors with whom we work are those in private practices who have studied with us and whom we help work out the nutritional problems in their practices.

N.F.: *As we come to a close, Dr. Kelley, would you summarize the scope, purposes, and objectives of your concepts?*

Dr. K.: Certainly, but let me first express my appreciation and gratitude for this opportunity to set forth some of the concepts we have been working with the last several years. The I.A.C.V.F. is probably one of the most outstanding organizations in our country who so completely encourages and sponsors individual freedom and choices in medical therapies. These are the principles upon which our country was founded and these principles of open-mindedness have led to the advancement and progress of our culture and society. When these principles are inhibited, discouraged, regulated excessively, and thwarted, progress and scientific advancement come to an abrupt halt. This is probably the basic cause of our country's overwhelming failure in the cancer field. So, my appreciation and respect for your organization knows no bounds. May you grow and live to serve our people for many years! In summary, I would like to make the following points as clear as possible:

1. There is a nutritive factor associated with cancer
2. There is a difference between cancer and malignant tumors
    A. Cancer can be expressed in terms of the body's inability to metabolize protein properly and function normally
    B. Malignant tumors add the factor of time. They are the intermediate result of metabolic malfunction and an unbalanced body chemistry. Unfortunately, this is what most doctors and people think of as cancer
    C. Death—this is the end result of the metabolic disfunction
3. The nutritional aspect of cancer should always be considered in addition to whatever therapeutic or treatment procedure is indicated and used by the physician
4. Sometimes, but not frequently enough, correcting the basic nutritional malfunction reverses the malignant tumor (spontaneous remission)
5. When malignant tumors develop to the point of clinical detection, therapies should be initiated. The order of my preference would be:
    A. Nutritional therapy
    B. Non-toxic biochemicals
    C. Surgery
    D. Toxic chemo-therapy
    E. Radiation
6. Patients should be encouraged to participate as much as possible with their physician in this treatment
7. Present cancer research has gone down an unproductive road and it should be everyone's duty to direct it toward the highway of safe, practical effectiveness
8. We are an educational research organization. We do not treat patients for any condition whatsoever! We are chartered and founded as an educational facility and this is our primary function. We accomplish this in several ways, but the most important is working with

doctors who ask us to plan nutritional programs for their patients

9. We provide services of nutritional education and counseling to doctors who wish to include nutrition as a part of their practice and service to their patients
10. We cannot and do not diagnose cancer or any other disease condition, or practice medicine in any way

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"*AN ECOLOGICAL APPROACH TO THE SUCCESSFUL TREATMENT OF MALIGNANCY* expresses the only theory of cancer I know that adequately explains the successes and failures of other attempts to treat cancer from radical surgery to faith healing."

Distributed by
THE INTERNATIONAL ASSOCIATION
OF CANCER VICTIMS & FRIENDS, INC.
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Beverly Hills, California 90212

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Metabolic Medicine's Original Cancer Cure

Dr. Kelley's
Do-it-Yourself Book

WINNING THE CANCER WAR

WITHOUT SURGERY, CHEMOTHERAPY OR RADIATION

2005 EDITION

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Winfield, Kansas

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CATEGORIES: 1. HEALTH & FITNESS
2. MEDICAL / NURSING / HOME CARE
3. NUTRITION 4. SELF-ACTUALIZATION / SELF HELP

ISBN 09669422-9-9

Published and distributed in the United States

Dedication

This book is dedicated to Dr. Carol A. Morrison, M.D., F.A.C.C.,
who was murdered by the Medical, Legal, and Pharmaceutical Establishment
for bringing this TRUTH to you and the millions of CANCER VICTIMS
world wide who are murdered by the Establishment each year.

TRUTH is in your hands.

Do you have the wisdom and faith to use it for yourselves and your loved ones?
Do you have the courage, faith, and determination to Win Your Cancer War?
If so… Your prayers have been answered

Yahweh bless and keep you!

Advances in Modern Medicine boggle one's mind and are quite overwhelming.
Yet illness has increased on every hand.

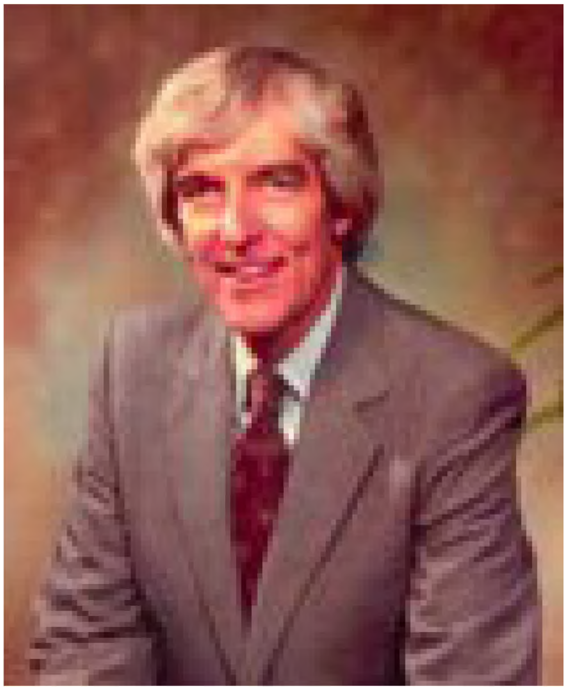
Since the medical communities, both orthodox and alternative,
have failed miserably in *Health Care* and succeeded
brilliantly in *Health Plundering*, it would justify
investigating true *Health Care Concepts*.

CANCER

One must address the Metabolic Process.

Attacking the product of defective Metabolism
leads one down a blind pathway to a Dead End.

~ *William Donald Kelley, D.D.S., M.S.*



Dr. William Donald Kelley
1980

May YAHWEH, I AM THAT I AM,
our Father God Almighty, extend His lovingkindness,
protection, and blessings to you in all ways…
always!

Preface

That which you are about to read may change your life forever!

When I was 11 years old, my brother Scott was diagnosed with terminal cancer; he was 20 at the time. His story is unique because he was one of the 150,000 individuals lucky enough to find Dr. Kelley's book, ***Winning the Cancer War***, and one of the only 33,000 to actually go on the program. Today, in 1997, he is healthy, cancer-free and living in California with his wife and three children. Scott's experience changed the lives of each member of our family.

For me, the effect appeared when I was older. Around the age of 19, I began to experiment with various diets. I would cross-reference my overall sense of energy and my performances in running 10 kilometers to the diets I used, always allowing at least 90 days between any changes. What I found should come as no surprise to anyone: When I consumed a largely uncooked vegetarian diet, eliminated alcohol consumption and drank plenty of fresh squeezed juices, my 10K running times and subsequent recovery periods were shorter than when I used a diet of more meat and cooked foods. In other words, my body worked better on simple fuels from nature.

For the greatest majority of us, we are born in perfect health. Our health and aging process after birth is largely influenced by genetics, culture, geography and, of course, the foods and liquids we consume. These things are all that distinguish who will grow to be strong and who will grow weak. Why is it some people can live lives of smoking and poor diet and live to be 90 and others are susceptible to ill health and disease while living a relatively healthy lifestyle? The fact is, regardless of outward physical appearance some people will become cancer victims and some apparently likely candidates won't. It is simply human nature that some bodies are innately stronger and more resistant than others are. As adult individuals, we have only one variable, which is in our total control: Our diets.

The difference in lifestyle that you have led and your ancestry three generations removed is remarkable. We live in a world where air pollution is a daily occurrence; we work in jobs that are demanding in time, tolerance and ability to change and adapt. We struggle to balance our career, family, spiritual, emotional and social lives, and, yet as a society we have largely failed to intelligently consider the fuel, which runs this remarkable human body. Fuels that provide peak performance and keep our internal operating systems running properly.

When we are young, we feel invincible, immortal. Some of us develop habits and patterns in early adult life that prove detrimental later on. We eat too much dead food, drink too much alcohol, smoke cigarettes and take prescription drugs for any little perceived ill — all the while wrongly trusting that the regulatory bodies of society will look out for our health.

Well, let me tell you, in the words of a great songwriter: “I read the news today — oh boy.”

Against the advice of leading doctors and scientists across the country, FDA commissioner Dr. Kessler approved the fat substitute ‘Olestra’ for public consumption. Doctors across the country from John Hopkins to Harvard Medical warned against the possible fall-out from introducing this synthetic fat into the American diet for reasons which have been well published in the media, (see Appendix II). Interestingly most of the warning comes from the academic side of the medical science community. Why do you suppose that is? I’ll tell you . . .

I have believed for a long time that the American Medical Complex and the Consumer Food and Beverage Industrial Complex have little interest in the prevention of disease. It makes far better business sense to let the population eat, drink and smoke to their heart’s content and then offer seemingly high tech and expensive methods for cleaning up the aftermath. In the United States, the food industry alone generates 500 billion dollars in sales: Bacon, eggs, milk, fast food franchises, soft drinks, fried food, dead food, overcooked food, sweets, treats and canned goods. We have gotten away from simple diets and become human garbage disposals. Sixty percent of the American public is overweight. Clearly the large food conglomerates are successfully marketing to an oblivious public.

After feeding your body with dead and processed foods for 20, 30, 40 or more years, things begin to run less perfectly. We have overlooked the processing energy required to digest bacon and eggs each morning, that steak in the evening and the cocktails in between. The result is the current health crisis where one in three will have cancer in their lifetimes — not to mention heart disease.

But instead of educating the public on how our bodies function best, the medical establishment chooses instead to clean out those arteries with drugs and catheters, perform by-pass surgery or cut the problem out (or off) altogether. To be fair, the American medical community has done some wonderful things and made outstanding progress in the last 45 years. But it is simply not in their best interest to prevent disease. They are in the business of treating disease. This is where the money is: Surgery, MRI, radiation, chemotherapy, research and examinations. The doctors don’t want a disease-fee society any more than lawyers want a perfectly honest one.

This booklet is intended to provide an alternative view to conventional medicine in regard to 20th Century disease — to profess prevention in healthy people and educate those who are ill. The human body is the most incredible of discoveries. Perhaps it receives so little consideration because we all get one upon entering into this life. We take it for granted until it cries out to us. Read this book and incorporate everything in it you can into your lifestyle. Listen to your heart and the voice within you and seek the advice of a trusted physician. On that note, a word of caution: There are doctors who hold Dr. Kelley in high esteem and those who see him as a threat. Be prepared to encounter one or the other. The open-minded ones tend to be the former.

Finally Dr. Kelley was aggressively persecuted and oppressed during his years of treating cancer patients. His success was unparalleled in conventional medicine. Personally, both my brother and my chiropractor went to him; both were resolved of their disease. Dr. Kelley has been forbidden to advise cancer victims and this book must carry with it a warning to all, that it is not intended to be a cure, but rather a program to be used in conjunction with the guidance of your own physician for the resolution of degenerative disease. As the writer of this preface, I can say that the truth of Dr. Kelley's paradigm is both preventive and healing. I wish you God's speed and hope that the truth will set you free.

Greg Stirling,
Vancouver, British Columbia
March 1997

Foreword

Health is a wonderful possession. It does not last forever, although most of us assume it will. It is not until we lose our health that we seek diligently to regain it. Often it is too late, and always too expensive.

It is the purpose of Dr. Kelley is to help those who desire and are willing to work for their better health. It is ever the objective of Dr. Kelley to point out the metabolic deficiencies in the metabolism of each person who has the malfunction, not to treat the disease that has the person.

It is our desire to advise, teach, and counsel a person in such a way that he and he alone is responsible for his or her health. A doctor cannot "cure" you of anything. If you have a broken arm, the physician may set it — but only you — your own body — may "cure" or heal the break. Of course, during your lifetime you will need the help of many in the healing professions: The dentist, the osteopath, the chiropractor, the naturopath, the biochemist, the nutritionist, and last but not least, the spiritual counselor. Although these experts may give you aid, you must assume the responsibility of accepting and following their advice.

In researching some of the more complex disease processes, it became more and more evident to us that cancer is a simple deficiency condition. We have proven this to our own satisfaction, and to the satisfaction of many counselees.

This publication is a simplified, condensed, practical application of our investigations and findings. We present these findings because there have been so many prayers unto God for a solution to this simple problem.

To successfully resolve cancer, however simple, is a tedious and lengthy metabolic process. It is not expensive as compared to the "accepted" surgical, radiological, or chemotherapy methods, and has proven very effective.

It is our desire that this booklet be a helpful aid to many who are themselves or have lost loved ones afflicted with malignancy.

Introduction

A comprehensive defense program must recognize the existence of more than one potential enemy. Metabolic Medicine can handle other enemies besides cancer. It is, in fact, a lifestyle for peace or war — one that can keep you in an ideal state of readiness.

Over the last 42 years or so, the medical profession and the medical community have progressed to unprecedented heights and achievements in areas of reconstruction and surgical procedure. They have worked hard and deserve every bit of the respect and honor they receive. They have done remarkably well in applying technological advances to their profession.

The medical community has centered its energies and advancement on the infectious and traumatic cases. It has all but conquered infections of all types. Surgical procedures and treatment of traumatic ills have advanced equally with control of the infectious diseases. In short, what the medical community does, it does well, unsurpassed in the history of mankind.

But the problems for which the medical community is so well trained and equipped to handle account for only a percentage of the illnesses in our society. In the balance of the cases involving degeneration or metabolic conditions, little hope is received.

Down through the years, cancer patients have had such excellent results with Metabolic Medicine that they have brought other family members and friends for nutritional counseling. The range of diseases for which Dr. Kelley has planned nutritional programs covers the complete gamut of degenerative and metabolic ills, even some infectious diseases and structural conditions.

Dr. Kelley distinguishes between degenerative disease and metabolic disease in this example: Adult-onset diabetes is degenerative; childhood-onset diabetes is metabolic. Metabolic diseases can result from improper nutrition to the fetus due to the faulty diet of the mother during pregnancy. (It is widely recognized among medical authorities that birth defects have risen dramatically in recent years.) Metabolic disease can result from injury or other trauma. Metabolic diseases are those, which do not result from long-term physical degeneration.

Dr. Kelley's experience with over 33,000 benefactors led or leads him to believe that balancing body chemistry through nutrition is a realistic approach, which should be investigated on a larger scale. How long this will take, or whether it will be done at all, is a matter of speculation. Many readers, or their friends, are desperately seeking help for conditions that could be alleviated through nutritional balancing of body chemistry. Cancer is just one of these conditions. A large part of Dr. Kelley's Nutritional Counseling is devoted to planning nutritional programs for people who do not have cancer. Whatever the specific metabolic-degenerative condition may be, hope and encouragement is justified by the many favorable reports from those who have already benefited from Metabolic Medicine.

Warning & Disclaimer

The publisher and the distributors, Dr. Kelley Metabolic Nutrition, Inc., College of Metabolic Medicine® **www.DrWDKelley.com,** **www.AscitiesHelp.com, www.drkelley.com, Dr. Kelley International INC.** do not endorse any of the views, procedures or recommendations of Metabolic Support presented by Dr. Kelley. The entire contents of this publication and the listed web sites, are based upon the opinions of Dr. Kelley's 40 years experience. They are not intended to replace a one-on-one relationship with a qualified health care professional or intended as medical advice.

They are intended to share knowledge and information from the research and experiences of Dr. Kelley and his community. Dr. Kelley encourages you to make your own health care decisions based upon your research and in partnership with a qualified health care professional. Publication and distribution are made solely to inform readers who have a specific interest in alternative information for cancer and health care. Readers are cautioned against following any procedure for any serious disease without medical consultation. The views expressed herein are those of Dr. Kelley solely. The Internet providers, publishers and distributors disclaim any association with the author's views and comments.

Warning of Fraud

From Park Avenue in New York City to the motel clinics and marble palaces of Northern Mexico, deception, misrepresentation, and out-right fraud are inflicted upon a multitude of desperate cancer victims in unprecedented heights never before known to mankind.

They are committed daily by fly-by-night promoters, the international multi-level conglomerate giants, doctors who claim to be medical school graduates, and "practitioners" who have bought mail-order doctorate diplomas. Orthodox physicians as well as alternative and complementary health care doctors commit deception and plunder in order to line their greedy pockets, a practice that might be considered murder.

Many of these unscrupulous individuals claim they are using Dr. Kelley's program or supplements formulated by Dr. Kelley. Many have the nerve to say that their formula is an improvement over Dr. Kelley's concepts. These wicked, lawless creatures make false claims that they are using Dr. Kelley's methods and/or have studied with Dr. Kelley. Nothing could be further from the truth!

These dishonest individuals want you to think that their programs are as good as, or better, than Dr. Kelley's Original Metabolic Medicine's Cancer Cure Program®. They also try to deceive you by using Dr. Kelley as an authority figure when they do not even comprehend his concepts. Most importantly, not one of them can approach Dr. Kelley's cancer cure success rate. Unless Dr. Kelley endorses their programs or supplements, the fact is that they are only guessing at what they are doing. Do not be misled by these fakirs!

"Cancer" is Impossible to "Cure"

A. **MALIGNANT TUMORS** will develop which the medical communities, both orthodox and alternative, in total error call cancer. Proper treatment of these malignant tumors include:

1. Reduce the intake of heavy meat proteins like pork, beef, fish, and foul for at least six months

2. Use and take pure pancreatic enzymes with their activators.

3. Add to the diet as much raw, organic fruits and vegetables and/or their juice as possible.

4. Properly detoxify the body and increase blood circulation.

5. Remove as much of the enzyme inhibitors and blockers as possible and preaxial.

6. Maintain a positive spiritual and mental attitude.

Note: When one has delayed in starting our natural metabolic program until you have exhausted other forms of therapy or your tumor mass has gown exceedingly large before diagnosis or has invaded the bone or you have enzyme inhibitors preventing enzyme activity, you must address these conditions in addition to following our program very carefully and completely.

When the normal cancer recovery metabolic pathway is blocked or inhibited from resolving malignant tumors you must seek other more painful, drastic, devastating, damaging and temporary methods of addressing these malignant tumors. These methods are only temporary and the tumors always return, usually more vicious than before unless you also use Dr.Kelley's total metabolic program.

B. HERBAL REMOVABLE OF MALIGNANT TUMORS. This process must also include the metabolic procedures. If properly accomplished, malignant tumors are safely removed. This process is most painful but effective. Destructive damage is minimal and often multiple undiagnosed malignant tumors are also safely removed.

The Choice is up to you!

"CANCER CURE" – legally – absence of malignant tumors, malignant blood or lymph abnormalities 5 years after initial biopsy diagnosis. Occurs in 0% to 20% of population using orthodox protocols. Occurring in 4 % to 31 % of population using alternative medical protocols.

"CANCER CURE" – complete – absence of malignant tumors, malignant blood or lymph abnormalities indefinitely without metabolic support and dietary changes after initial biopsy diagnosis. Occurs in less than 1% of population.

"CANCER FREE" – absence of malignant tumors, malignant blood or lymph abnormalities indefinitely, using metabolic, dietary and detoxification support. Occurs in 93 % to 100 % of population using Dr. Kelley's metabolic medicine's protocols.

Biography

I am Dr. William Donald Kelley, a Dentist and an Orthodontist. Very early in the 1960s I was given two months to live, my diagnosis was "Terminal Pancreatic Cancer" which had metastasized to the liver and throughout my body. Through extensive research and much trial and error, I developed my Cancer Cure Paradigm.

Now, 40 years later, I am CANCER FREE from the most deadly of all cancer!

There is no therapy, orthodox or alternative that can cure pancreatic cancer other than my program! All other pancreatic cancer cure rates are 0% while MY pancreatic cancer cure rate was 100%; provided the patient had at least six months to live and followed my program exactly.

Typically, a six-month or less diagnosis is common in the medical industry and is based upon the experience of the orthodox medical community. The fact is, only God has control over this facet of our lives. I will never give up helping people until God says I have learned all of my lessons in this; "Beautiful Kindergarten Called "Life". Graduation to first grade is up to Him.

Truth In Cancer?

Since I cured myself of cancer in the 1960s, I have guided over 33,000 victims to health, always pointing out this little known fact: In 1900, only one out of 8,000 people developed cancer in their lifetime.

Since the 1960s, the CANCER RATE has increased to one out of every two men, and two out of 3 women. The cancer industry calls this ***"Progress Against Cancer"!*** The fact is, they are not winning the war on cancer but are actually ***"Waging a War by Cancer"*** on ***"We the People."***

Have you ever noticed in the spring of each year, just around Cancer Awareness Month, the media bombards us with propaganda such as: "We almost have the cure for cancer." Or, "In a year or so, we will have a new drug available to help cancer patients." Yet nothing ever comes out of it, their promises fading into the same parallel universe that socks go to in the dryer. What a Fraud!

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CANCER RESPONSIBILITY

by

WILLIAM DONALD KELLEY, D.D.S., M.S.

A lecture before the

CONSUMER HEALTH ORGANIZATION OF CANADA

Ms. Libby Gardon, Chairwoman, Moderator.

Responsibility for getting well from the very simple disease process "CANCER" is your own privilege.

Each on of us have been trained and brainwashed for our entire life to, "let the experts do this or that!" This is well and good if you have a very bad infection, if you are bleeding, if you have a broken bone or if you are trying to get a ride to the moon. However, if you have cancer, only you can cure your cancer. A physician can cure only one person of cancer — himself. He could not cure your cancer if he wanted to — or knew how. You yourself are the only one who can treat and cure your cancer.

Without question, cancer is one of the simplest degenerative diseases to properly treat. Cancer's simplicity is the cloak it hides under — right out in plain sight. You certainly do not need a college degree to figure that out. It takes a little common sense.

Most patients put their trust in the Medical Community. We are overly impressed with the white coats, stethoscopes, surgical masks, MRI scans and lab reports. While we want to put our trust and life in their hands — we are paying our all for it, and in many cases our life.

When we finally become disillusioned and bored with the orthodox theater we take the remaining few breaths and turn to alternative methods.

A few, a very few, those of you who discern what cancer is and is not, will live a long and healthy life, — hopefully succumbing to natural causes.

This is our wish for all and especially for you.

1

What is Cancer?

Cancer is the most normal function of one's body. If it were not for cancer, you would not be here.

In The Beginning

Cancer is the most normal function of one's body. If it were not for cancer, you would not be here. You would not have been born if your mother did not have cancer. Cancer is the normal necessary metabolic function to form life and continue the human species. You actually had cancer a very long time before you started breathing and a long time before your heart started beating!

Yahweh, God Almighty, in his wisdom has assured the continuation of our human species by establishing two cycles of physical life. Every day, every one of us develops and digests normal cancer cells known as Trophoblast cells. We go about the activities of our lives oblivious to the cancer process going on within our bodies. Cancer is a normal, necessary part of life. When your father's sperm invaded your mother's egg, your physical life began. If you did not grow from that point into an embryo, you would not have lived and would have fallen out of your mother's uterus.

The scientific explanation of cancer appeared in medical literature over 100 years ago!

What is Cancer?

Cancer is a term used in error by the medical community to classify a fast growing malignant tumor, which, if allowed to grow unchecked, will cause death. Many clinicians have the mistaken belief that cancer is complex and are any number of different diseases, each having its own cause. Nothing could be further from the truth.

Most doctors, even the research scientists, suppose such things as viruses, X-rays cigarette smoking, chemicals, sunlight, trauma, etc. cause cancer. These, sometimes, are an indirect stimulation of a normal **TROPHOBLAST CELL** into making a false placenta, a malignant tumor mass, which the medical community in total error call "cancer".

Cancer is a deficiency disease - a deficiency condition, a failure of the body to produce adequate pancreatic enzymes, delivered uninhibited to the site of stimulated, active Trophoblast cells.

Why then do some (many) people have MALIGNANT TUMOR MASSES? A large placenta, a false placenta, is big enough to cause the malfunction of normal body activities and large enough for physicians to observe. This is a malignant tumor, which in total error is misdiagnosed as "CANCER". Other causes of cancer can (but are not limited to) include:

A. Your pancreas does not produce enough pancreatic enzymes to digest (clean-up) the formed, activated Trophoblast cells Thus the placenta, the false placenta, continues to grow until observed, properly or improperly treated or until death results.

B. Your body is contaminated with enzyme inhibitors or blockers preventing the normal self-regulation clean-up, repair, and rebuilding of the body to function normally.

C. You have to face the fact that cancer is nothing more than the failure of your pancreas to produce adequate pancreatin and your body to deliver it to the site of an injury or stimulated normal Trophoblast (pre-placenta) malignant cells.

D. Cancer is basically a deficiency disease — a deficiency of the pancreatic enzymes. This is a deficiency of the free active pancreatic enzymes in the tissues of the body. From two to eleven years later, malignant tumors evolve.

What Cancer is Not!

Cancer is not those lumps and bumps that we have been so programmed to fear and freak-out over. Cancer is not a malignant tumor mass, which doctors in error call cancer. This is one of the reasons we have so much “cancer”. The physician does not know what cancer is so how can he properly treat it? Physicians, both orthodox and alternative, only know how to mistreat malignant tumor masses, blood and lymph abnormalities, which are not even cancer.

The Proper Treatment of Cancer

We have three billion Trophoblast cells scattered throughout our entire body from the brain to little toe - everywhere in your body the size of a pinhead are two Trophoblast cells waiting to be stimulated to form a placenta in preparation for the next generation of the species. This process takes place in everyone every day. These

Trophoblast cells are stimulated by **ESTROGEN,** to start growing in preparation for the next generation of the species. Since there is no egg or sperm present, a fetus never develops - no baby is forth coming. This happens every day in everyone. Thus, a malignant tumor begins to form a placenta, a false placenta. This is a very normal necessary part of life.

Why then does not everyone develop malignant tumors? They do! Why then are we not aware of these tumor masses? They are normal and much too small to be noticed. When these small tumor masses (false placentas) form, our body, being aware of it, signals the normal defenses to attack, digesting these normal Trophoblast cells and the white blood cells carrying them to the liver for processing and elimination from the body. The normal body defense system is the production and distribution of **PANCREATIC ENZYMES.**

What are Malignant Tumors?

We must understand and comprehend what **CANCER is** and what **MALIGNANT TUMORS** are and discern the difference between them. Malignant tumors are masses of TROPHOBLAST cells, **PLACENTAS,** attempting to make ready the next generation of mammals - human or otherwise.

The Treatment of Malignant Tumors

There are several ways to address malignant tumors and resolve the destructive condition associated with them.

A. **METABOLIC NORMAL WAY**. Yahweh, I AM that I AM, Almighty has designed our bodies to resolve CANCER That is, the failure of the pancreas to produce adequate pancreatic and enzyme activators. This occurs every day in everyone. Generally the body adapts to this condition and produces more enzymes, activators, white blood cells and increased circulation to accommodate this normal metabolic condition-**CANCER**. This is why some people never develop **MALIGNANT TUMORS**. Should interference of this normal metabolic process occur, **MALIGNANT TUMORS** will develop which the medical communities, both orthodox and alternative, in total error call cancer. Proper treatment of these malignant tumors include:

   7. Reduce the intake of heavy meat proteins like pork, beef, fish, and foul for at least six months

   8. Use and take pure pancreatic enzymes with their activators.

9. Add to the diet as much raw, organic fruits and vegetables and/or their juice as possible.

10. Properly detoxify the body and increase blood circulation.

11. Remove as much of the enzyme inhibitors and blockers as possible and preaxial.

12. Maintain a positive spiritual and mental attitude.

B. **HERBAL REMOVABLE OF MALIGNANT TUMORS.** This process must also include the metabolic procedures. If properly accomplished, malignant tumors are safely removed. This process is most painful but effective. Destructive damage is minimal and often multiple undiagnosed malignant tumors are also safely removed.

C **SURGICAL REMOVABLE OF MALIGNANT TUMORS.** When a malignant tumor has become so large, circulation or normal body functions are impaired. It is often elected and necessary to surgically remove malignant tumors. In addition, one must also use my metabolic program. Please remember that this is not cancer but a malignant tumor. This procedure is only temporary and rarely successful as one's **CANCER** is not treated allowing other malignant tumors to form.

D **RADIATION OF MALIGNANT TUMORS** Radiation to malignant tumors is often elected for treatment of malignant tumors. This procedure is often justified when malignant tumors are too large to remove or are inaccessible such as in the spine. In addition, one must also use my metabolic program. One must remember this is a malignant tumor treatment not **CANCER** treatment. This procedure is extremely destructive and causes permanent damage to the body, often initiating additional malignant tumors.

E. **CHEMOTHERAPY USE IN MALIGNANT TUMORS** Chemotherapy is often chosen as the best and most effective treatment procedure in many types of malignant tumors. This procedure, like surgery and radiation, does not treat cancer but is often used to extend life a few weeks. This therapeutic procedure is most destructive to many necessary functions of one's body. In addition, one must also use my metabolic program.

F. The medical communities as well as the general public have failed to understand what cancer is and is not. Their ignorance is inexcusable, as this truth has been available in the medical literature for 100 years. As used by the medical communities, orthodox as well as alternative, cancer is the socially acceptable form of genocide of our civilization.

The Science of Cancer

The Asexual part of life: The fertilized egg, properly called the Zygote, forms the Trophoblast, which grows into a ‘primitive’ germ cell. This cell then divides by doubling many times into many potential humans. These are the ‘primary germ-cells’.

The Sexual part of life: One of the primary germ cells forms the embryo. The remaining primary germ cells start their journey throughout the Somatic Cell mass (normal body cells) to collect in the testes or the ovaries, waiting to form the next generation of the species.

About 1/3 of these primary germ cells traveling within the embryonic body cells toward the testes and ovaries, occupy all sorts of abnormal positions within ones body. When the 3 billion primary germ cells that did not make it to the testes or ovaries become trapped within normal body tissue, the tissues then become stimulated, grow, and produce Trophoblast cells (cancer cells). This happens to every one of us everyday.

Cancer is NEVER a mutated normal body cell growing uncontrolled into a malignant tumor. An excess of female sex hormones ALWAYS brings about this change. Because men and women have male and female sex hormones, when this delicate male-female sex hormone balance is upset, malignant tumors (cancer) may start.

In the human life cycle, the male sperm unites with the female egg. If this fertilized egg would grow directly into a new baby, we would have no cancer or cancer problems, but nature does not act so simply and directly, for if she did, the newly formed embryo (baby) would fall out of the uterus. Therefore, nature had to develop some way to attach the new embryo to the wall of the uterus and some way to nourish (feed) it.

These cells, now trapped outside of the uterus, grow rapidly while trying to form a placenta (a malignant tumor mass). In this uncontrollable state, they now have the ability to invade (metastasize) the walls of the uterus to form the Cancer Mass (placenta). This Cancer Mass first opens a blood supply to the embryo for nourishment and then firmly attaches (metastasizes) the placenta to the walls of the uterus. This prevents the embryo from falling out (aborting) of the uterus.

The direct cause of cancer, or, malignant tumor mass, is always the changing of a primary Ectopic germ cell into an Ectopic Trophoblast cell. This process takes place in all mammals, from the local skunk, to the orangutan in the White House.

After the sperm in the fallopian tube of the mother fertilizes the egg the fertilized egg gives rise to three basic kinds of cells:

1. Trophoblast cells which form primitive germ cells, which form:
2. Primary germ cells, one of which forms the embryo, which then forms F
3. Normal body cells, also known as Somatic cells.

Many primary germ cells, which migrate to the testes or ovaries waiting to form the next generation of cells, are trapped within the normal body cells, and occupy a variety of abnormal positions within the new embryo's body.F

Upon stimulation by female hormones, these primary germ cells produce Trophoblast cells, which can form a false placenta (a malignant tumor mass) in any place of the embryo's body as it grows to a child or adult. These out of place "false placentas" are in error and are called by the medical community "CANCER." The fact is they are placentas or false placentas.

By the third day, the fertilized egg has fallen into the uterus. During this time, and for many days thereafter, the Trophoblast cells are growing very rapidly and surround the other two types of cells (primitive germ cells, and normal body, or Somatic cells). The new baby will fall out of the uterus unless something happens fast. As the cells metastasize (as cancer does) to the wall of the uterus, the baby remains in the uterus and receives nourishment as the cells continue to grow rapidly, forming the placenta.

Now with a good food supply and in no direct harm, the baby (embryo) continues to grow, safe and sound, until birth. The placental Trophoblast tissue (cancer mass) continues to grow until about the seventh week when the baby's pancreas develops.

The baby's pancreatic enzyme production, along with the mother's pancreatic enzyme production, STOPS the growth of the placental Trophoblastic tissue (cancer mass). As the new embryo is being formed from the normal body or Somatic cells, the primary germ cells (pre-placenta cells) are multiplying. In a few days, when the embryo develops to the proper stage, the primary germ cells stop multiplying and begin to migrate to the gonads (the ovaries or testes).

There are about three billion of these primary germ cells that fatigue and never have the vital force necessary to reach the gonads. This means that there are two germ cells for every area the size of a pinhead dispersed throughout your body. Any one of these germ cells is a potential malignant tumor mass (cancer), which is why it can form in any part of the body. All that is needed to create a malignant tumor mass in our body is:

1. A deficiency of pancreatic enzymes

2. An imbalance of sex hormones

3. The embryonic destiny of these primary germ cells to form Trophoblast cells, which then forms a false placenta (a malignant tumor mass) in preparation for the creation of a baby.

The imbalance of sex hormones can take place at any time, but usually it occurs between 45 and 60 years of age. However, as planned by the wicked Jewish Establishment, babies are now being born with cancer malignant tumor masses. Those born after 1980 have a cancer rate of nine out of ten and are unlikely to live to age 50.

When all is said and done, a malignant tumor mass (cancer) is a normal growth of tissue (a false placenta) due to the development of a basic (primary) germ cell in the wrong place (outside of the uterus).

Sometimes this false placenta, (malignant tumor cancer) also has the beginning of a baby inside its mass, much like a normal pregnancy, only in the wrong place. When dissecting malignant tumors, pathologists often find partially formed teeth, toenails and other types of tissue, such as lung tissue, within these masses.

The beguiling and planned deception of the Jewish Medical Establishment is to have you believe:

1. That a normal Somatic body cell goes wild and forms "a cancer".

2. That it is all "your fault".

3. That you smoked or ate the wrong food.

4. That were out in the sun too long.

5. A thousand other excuses causing a defective normal body cell to go into a wild rampage.

Nothing could be further from the truth!

Malignancy therefore, is **NEVER** normal (Somatic) tissue gone into wild proliferation, but **ALWAYS** a normal primary germ cell growing normally in the wrong place. To develop malignant tumors four conditions must be present. These four factors are:

1. The presence of an Ectopic germ cell
2. The stimulating presence of the female sex hormones
3. A deficiency of active pancreatic enzymes.
4. The body must be free of enzyme inhibitors and blockers.

Cancer, then, is nothing more than a stimulated normal Trophoblast cell growing normally in the wrong place, trying to form a placenta in preparation for a new baby.

Cancer and the Placenta

First, you must understand and comprehend that ALL malignant tumors are nothing more than PLACENTAS or FALSE PLACENTAS. All of these malignant tumor masses, in every case, arise from the Trophoblast cells produced in the normal asexual cycle of life of all mammals (humans included).

These malignant tumors/placentas continue to grow uninhibited until:

1. Death!
2. Termination of pregnancy from the pancreatic enzyme production of the mother and fetus.
3. The intake of adequate supplementation of pancreatic enzymes.
4. Dietary changes reducing demand for pancreatic enzymes.
5. The deceptive temporary effects of surgical intervention, destructive radiation or chemotherapy, which always fails, causing death.

In a nutshell, what the medical community calls "cancer" (in total error), is nothing more than a "Placenta or a False Placenta". Cancer then is nothing more than a stimulated normal Trophoblast cell growing normally in the wrong place trying to form a placenta in preparation for a new baby. Remember, this happens in every one every day. Allow me to give you a patient example to emphasize this truth and fundamental concept.

All malignant tumors, whether they are in the brain or the little toe, are either Placentas, or False Placentas (a placenta without a baby attached.

There Are No Exceptions!

A Bonnie Scottish Lassie

For well over a century, it was common talk among the peasant girls of Scotland, should one find a lump (cancer growth) in the breast she should get pregnant as soon as possible? When these girls lived beyond their reproductive age their cancer returned and they died. Girls then, as well as now have a multitude of tricks in their bag to become pregnant, everything from baking a cake to tripping a boy in the meadow. This 'old wife's tale intrigued the eminent Embryologist, John Beard, D.SC., professor of Edinburgh University. Beard was a true scientist. It was he who determined what cancer is, how it is formed, why it is formed and how to properly treat it. Some 50 years later Dr. William D. Kelley, D.D.S., having never heard of Professor Beard came to the same Scientific Paradigm. The medical community refuses to accept Dr. Kelley's Paradigm. This is unfortunate for the thousands who could be properly treated and cured. Dr. Kelley often states, 'that's the way it is'. God may bring this truth to the attention of another scientist, years after his death.

The Direct Cause of Cancer

The direct cause of cancer, according to our research, is the changing of an Ectopic Primary germ cell into an Ectopic Trophoblast cell. An excess of female sex hormones brings about this change. Both men and women have male and female sex hormones. When this delicate male-female sex hormone balance is upset, cancer may start.

Let us explain this a little further. In the human life cycle, the male sperm unites with the female egg. Now if this fertilized egg would grow directly into a new baby, we would have no cancer or cancer problems, but nature does not act so simply and directly, for if she did, the newly formed embryo (baby) would fall out of the uterus. Therefore, nature had to develop some way to attach the new embryo to the wall of the uterus and some way to nourish (feed) it.

After the sperm in the fallopian tube of the mother fertilizes the egg the fertilized egg gives rise to three basic kinds of cells:

4. Trophoblast cells, which form:

5. Primitive germ cells, which form:

6. Primary germ cells, one of which forms the embryo, which form:

7. Normal body or somatic cells; and the

8. Many Primary germ cells migrate to the Testes or Ovaries waiting to form the next generation. Many are trapped within the normal body cells come to occupy all sorts of abnormal positions within the new embryo's body and upon stimulation by female hormones produce;

9. Trophoblast cells, which can form a placenta in any place of the embryo's body as it grows to a child or adult.

10. These out of place placentas are in error, called by the medical community **CANCER.**

By the third day, the fertilized egg has fallen into the uterus. During those three days and for many days thereafter, the Trophoblast cells (cancer cells) are growing very rapidly and surround the other two types of cells (primitive germ cells, and normal body or somatic cells).

The new baby will fall out of the uterus unless something happens fast, and happen it does. The Trophoblast cells metastasize (as cancer does) to the wall of the uterus. Now the baby cannot fall out of the mother's uterus, but needs nourishment. The Trophoblast cells (cancer cells) continue to grow rapidly and form the placenta. Now with a good food supply and no danger of falling out of the mother, the baby (embryo) can continue to grow, safe and sound, until birth.

The placental Trophoblast tissue (cancer mass) continues to grow until about the seventh week when the baby's pancreas develops.

The baby's pancreatic enzyme production along with the mother's pancreatic enzyme production stops the growth of the placental Trophoblastic tissue (cancer mass).

As the new embryo (baby) is being formed from the normal body or somatic cells, the primary germ cells (pre-placenta cells) are multiplying. In a few days, when the embryo (baby) develops to the proper stage, the primary germ cells stop multiplying and begin to migrate to the gonads (ovaries or testes).

There are about three billion of these primary germ cells that fatigue and never have the vital force necessary to reach the gonads. This means that there are two germ cells for every area the size of a pinhead dispersed throughout your body. Any one of these germ cells is a potential malignant tumor mass (cancer). That is why a malignant tumor mass (cancer) can form in any part of the body. All that is needed to create a malignant tumor mass in our body is a deficiency of pancreatic enzymes, an imbalance of sex hormones and the embryonic destiny of these primary germ cells to form Trophoblast cells, which then forms a false placenta (a malignant tumor) in preparation for the creation of a baby. The imbalance of sex hormones can take place at any time, but usually it occurs between 45 and 60 years of age.

When all is said and done, a malignant tumor mass (cancer) is a normal growth of tissue (a placenta) due to the development of a basic (primary) germ cell in the wrong place (outside of the uterus). Sometimes this placenta also has a "baby" or begins a tumor inside of it much like a normal pregnancy — only it is in the wrong place. (When dissecting tumors Pathologists often find partially formed teeth, toenails and other types of tissue, such as lung tissue, within the malignant tumor masses.

Malignancy therefore is never normal (somatic) tissue gone into wild proliferation, but a normal primary germ cell growing normally in the wrong place.

Physiology of Cancer

We would like to share with you our concepts of the physiology of cancer. In order for you to comprehend our concept let us give you a little background by reviewing with you Pellagra and Diabetes.

Pellagra can be controlled with a diet containing B vitamins

For years patients were placed in insane asylums because they had the simple deficiency disease called Pellagra. In 1916 Dr. Joseph Goldberger found that diet could prevent this condition, but it was not until the B vitamin deficiencies were discovered that the condition was understood. Now no knowledgeable physician would commit such a patient, but rather give him B vitamins

What is Pellagra? It is a symptom of a general systemic condition. For centuries only the symptoms were treated — now we know better.

Diabetes can be controlled by diet, insulin, or a combination of both

What is diabetes? It is nothing more than a symptom. It is a symptom that tells us that our systemic carbohydrate (sugar) metabolism is not functioning properly. Before the discovery of insulin the great physicians stood by and wrung their hands helplessly.

The pancreas produces insulin, which delivers glucose to every cell in the body. In Type I, or child onset, diabetes the pancreas fails to produce enough insulin for glucose metabolism and insulin supplementation is required. In Type II or adult onset diabetes the pancreas is overproducing insulin to compensate for failure of glucose to be metabolized within the cells. Our research indicates some individuals have Type I and Type II Diabetes.

Before the discovery of insulin by professor Ernest L. Scott in 1911 and until the early 1930's, when a person was diagnosed as having diabetes, they would often ask the doctor if their condition could be helped or made worse by what they were eating and should they change their diet in any way? The doctor would tell them: "Oh no, diet doesn't make any difference — eat anything you want, you aren't going to live much longer anyway, so live it up and eat whatever you want." Doctors couldn't connect the diet and diabetes. Even lay people in those days figured out that if you ate a lot of leafy green vegetables and reduced the amount of sugar you took in, you survived longer and did well — at least better than the person who didn't watch his diet.

And so it was that after the development of insulin, doctors figured out that there *is* a factor in diet. In the early 1920s there weren't very good analytical facilities available. But the doctors empirically found that the people who ate green leafy vegetables, and a few other foods, survived diabetes much better and the sugar count in their urine was much better. They had a saying in the medical community at that time that leafy, green vegetables contained "natural insulin." It wasn't actually the truth, but they became aware of the fact that including these vegetables in the diet did play a role and they were trying to explain it.

We're in the same situation now with cancer. Someday, in the near future, it will dawn on the medical community that diet does make quite a difference in people with cancer, and greatly affects health in general. It can't happen too soon. When it does, a lot of lives will be saved and a lot of lives will be lived more healthfully.

Eighty-six percent of all cancers could be controlled and/or prevented by diet and pancreatic enzymes.

At least 86% of all cancer conditions could be adequately treated and/or prevented by diet and pancreatic enzymes. Cancer is a symptom of inadequate and deficient protein metabolism. The real problem is protein metabolism, not cancer. Cancer is only a symptom telling those who would listen that their protein metabolism is in very serious trouble. Surgery, radiation and chemotherapy only treat the symptoms of cancer.

One hundred years ago Dr. John Beard at the University of Edinburgh discovered that the body's primary mechanism for destroying cancer is contained in pancreatin, a secretion from the pancreas that includes enzymes for digesting protein (among other things). Enzymes digest or liquefy foods for absorption by the body. Dr. Beard presented pictures in his books and papers to show recoveries using pancreatin. This was an unprecedented approach to treating the symptoms of cancer — a direct attack on the malignancy with a substance that did not have toxic side effects on the other functions of the body.

Dr. Howard Beard, Ph.D. (no relation-retired a chemistry professor) of Fort Worth, Texas has contributed considerably to the understanding and use of pancreatic enzymes in the treatment of cancer. He and other researchers indicated that where cancer is concerned trypsin and particularly chymotrypsin are the important enzymes in pancreatin. Dr. Beard also recommended a nutritional program and other things, as stated in his book: *A New Approach to Cancer, Rheumatic, and Heart Diseases.*

Cancer Compared to Diabetes

1. Diabetes is a disorder of carbohydrate metabolism due to inadequate production or utilization of insulin. Cancer is a disorder of protein metabolism due to inadequate production or utilization of protein digesting enzymes.

2. Insulin is produced in the pancreas. Protein digesting enzymes are produced in the pancreas.

3. A neurological process controls insulin production. A neurological process controls enzyme production.

4. Diabetes can often be controlled by diet alone. Cancer can often be controlled by diet alone.

5. Diabetes can almost always be controlled by the proper dosage of insulin. Cancer can almost always be controlled by proper dosage of protein digesting enzymes.

6. A diabetic patient can live a long useful life and never die as the result of diabetes. A cancer patient can live a long and useful life and never die as the result of cancer.

7. A diabetic patient must control his diabetes the rest of his life by diet or medication or a combination of both. A cancer patient must control his cancer the rest of his life by diet and protein digesting enzymes.

8. The diabetic patient and the cancer patient alike must seek professional help to determine and regulate the condition, but it is up to the individual to administer to himself the proper diet and missing medication and/or supplements.

The Four Laws of Cancer

You cannot have cancer unless three factors are present:

1. The presence of an Ectopic germ cell
2. The stimulating presence of the female sex hormones
3. A deficiency of active pancreatic enzymes

For cancer to be cured, there must be a positive change in the physiology of the patient.

First Law

The body fails to produce an adequate amount of active pancreatic enzymes for one of three reasons:

1. 83% — Overworking the pancreas by the intake of too much protein
2. 10% — Neurological injury to pancreatic enzyme production
3. 7% — Malfunction of body chemistry inactivating the enzymes

Second Law

Protein is gradually sapped from muscles

Our research indicates that in 93% of all cancer cases the development of cancer is gradual. The average cancer patient has had cancer 39 months before it is clinically diagnosed. The important factor here is ***not*** that it is slow growing, but rather what happens to the body during this growth time — the body must have protein to live, but during this 39 months the body could not get enough protein from its food supply. Therefore, to keep the blood protein at a minimal level to sustain life, the body very gradually saps or destroys the muscles of the body.

Third Law

Damaged tissue and female hormones at the site of a latent, misplaced Ectopic germ cell set the scene for cancer

At this point the conditions are ripe for the symptom cancer to develop. All that is needed is something to stimulate the female sex hormone formation at the site of a misplaced Ectopic germ cell. This is most often done by scar formation caused by a blow, a bruise, a drop of tar in the lung, a sun burn, an overdose of X-ray, or anything else that can cause a normal scar formation procedure to take place in the body — at the site of a latent Ectopic germ cell. This is normal wear and tear of the body, which happens to each of us every day; it is only when our protein metabolism is deficient that the symptom cancer develops.

Now the Ectopic germ cell mistakenly thinks it is time to have a baby and starts growing a placenta (cancer) in preparation for a baby that never develops. The only trouble is, without proper amounts of pancreatic enzymes circulating in our bloodstream to dissolve this abnormal placenta; it keeps growing and does not stop. When the patient finally consults the physician the condition of cancer is announced and surgery, radiation and chemotherapy are recommended.

Fourth Law

For cancer to be cured there must be a positive change in the physiology of the patient

If nothing changes in the physiology of the patient, the cancer grows until it destroys the body. If something positive changes in the physiology of the patient one of two things can happen:

1. One person with cancer lasts a long time while another person with the same type of cancer goes rapidly — and, before now, no one knew why.

2. The right combination of circumstances occurs, and the cancer is dissolved or "cured."

This book answers the question: "What is the right combination of circumstances?"

Do I Have Cancer?

If our nation can put a man on the moon
and place a satellite in orbit for the banks and stock markets
to transfer money and assets out of the country, tax free...

Why hasn't the cure for cancer been found?

It has!

Have you ever asked yourself . . .

If our nation can put a man on the moon and place a satellite in orbit for the banks and stock markets to transfer money and assets out of the country — tax free — why hasn't the cure for cancer been found? *It has!*

Biopsy

The only accepted legal medical diagnosis of cancer is by biopsy. This is not 100% accurate, for there are false positives as well as false negative biopsies. We, that is you and I, are not permitted to make a diagnosis of cancer. Nor are we permitted by law to use any system of diagnosis except biopsy for cancer diagnosis. The Medical Establishment tightly controls the diagnosis of cancer.

Everybody Has Cancer

Each day each one of us has a "Cancer" start and develop in our body. This is a normal ongoing process each one of us experiences. Usually, our normal metabolic defense system takes care of these wayward cancer cells and we go about our daily lives unaware that any of this is taking place. It is when our normal metabolic defense system or clean-up crew cannot handle this normal body process that we begin to develop a tumor or mass which can eventually be found by ourselves or our physician. Before this happens, you can easily determine the failure of your defense system and the beginning of "Cancer" — Malignant Tumor Masses — by using the following simple Pancreas Self-Examination.

Dr. Kelley's Self-Examination Procedure

There are only three who care about you: God, yourself and sometimes your mother.

The Establishment has finally come to strongly encourage all of us to practice self-examination for Cancer. Women are told to examine their breasts once a month. All of us are told to carefully examine for lumps and bumps and skin changes. This helps us become aware of our body and seek medical care early if needed. We have had, from the first publication of this book in 1967, the self-examination for the earliest possible development of pancreatic malfunction. When this occurs, within 2 to 4 years one always develops a Malignant Tumor Mass, which the Medical Community, in error, labels Cancer.

You give yourself control with Dr. Kelley's Self-Examination Procedure of one's pancreas. If one finds one's pancreatic malfunction in time to properly treat it, one will have to do it for one's self. Dr. Kelley's Self-Examination of one's pancreas finds pancreas malfunction long before Malignant Tumor Masses form. You have the greatest to gain by self-examination. God gives one the intelligence and self will to do this if one's mother (family or friends) does not interfere.

The Self-Examination Procedure below should be the most important part of your health program. This procedure only indicates the activity of one's pancreas — it is not a diagnostic test. It only alerts one very early to the possible formation of Malignant Tumor Masses due to pancreatic malfunction. Thus, you can run to your physician for proper and legal diagnosis and treatment if needed. This procedure is the most sensitive and early awareness system known to date.

Dr. Kelley's Self-Examination Procedure is nothing more than early self-detection and/or an early warning of the decrease of pancreatic production of adequate pancreatic enzymes.

When the pancreas is not working properly and fails to produce adequate amounts of enzymes the following occurs:

1. The first indication of pancreatic failure is indigestion with belching and passing of excessive gas (flatulence).

2. The second indication over an extended time is the dental condition called pyorrhea.

3. The third indication is focusing problems of the eyes. This occurs because the muscles of the eyes are so tiny it doesn't take much protein loss to interfere

with their function; a tiny little bit of eye muscle makes a big difference. (Dr. Kelley is still able to read without glasses at the age of 80 — and he uses the same pair of glasses to drive as he used in 1963.

4. As stated elsewhere in this book, the disease commonly referred to as "Cancer" by the Medical Community is nothing more than the failure of one's pancreas to produce adequate enzymes to properly digest one's food intake and clean-up the defective, worn-out and dead cells throughout one's body.

Do-It-Yourself Pancreas Self-Examination

It is our belief that each one of us has the right to build and maintain a healthy body, mind and spirit by properly addressing pancreas failure by taking adequate, effective pancreatic enzyme supplements by mouth as outlined in Chapter IV

The Pancreas Self-Examination below should be the most important part of your cancer prevention regime. This Pancreas Self-Examination only indicates the function or "failure-to-function-properly" of one's pancreas. This procedure is the most sensitive evaluation and early awareness system known to date. It determines the status, condition and activity of one's pancreatic enzyme production. Dr. Kelley's Pancreas Self-Examination Procedure should be done every 12 to 18 months.

Dr. Kelley's Pancreas Self-Examination Procedure

Take 6 Formula PAL (Dr. Kelley's pancreatic enzyme) capsules with each meal and at bedtime

Impression of Effects

A If within eight weeks on the Pancreas Self-Examination one becomes toxic, ill, crabby, sick, nauseated, vomits, or develops an elevation of temperature or violent headache, a Malignant Tumor Mass or placenta cells could possibly be present of a size that should be detectable by one's physician. Consult your physician for further laboratory evaluation. Dr. Kelley also recommends as a second opinion the use of the NAVARRO BETA-HCG URINE CANCER TEST (info at the end of this chapter)

B If within eight weeks while on the Pancreas Self-Examination, one feels better, has better digestion, and displays more energy and stamina, one is usually pre-cancerous. That is, one's pancreas is not quite able to meet the demands of digestion and the normal clean-up activity needs of one's body. In this case, it is highly likely one will develop a Malignant Placenta Tumor Mass within two to four years.

Metabolic Classification of Cancer

Dr. Kelley has classified Malignant Conditions according to the physiology and metabolism of the tissue in which the trapped primary germ cells develop their Trophoblast cells and begin their aggressive development to form a false placenta. In addressing individuals with more than one malignant class, one should support Class I malignancies first before going addressing Class II and class III. Most Oncologists treat the most aggressive Class first, which often resolves the other Classes also.

Classification of Malignant Tumors

1. Class I Malignancies — AIDS

2. Class II Malignancies — Soft Tumors, such as Hodgkin's, Leukemia, Lymphoma, Multiple Myeloma, etc.

3. Class III Malignancies — Hard Tumors, such as Brain, Breast, Lung, Colon, Prostate, Liver, Pancreas, etc.

Dr. Kelley's programs for Metabolic Support for each of these Classes are updated frequently as the health of our civilization deteriorates rapidly as we a subjected to the wickedness of the Establishment.

Life Threatening Crises

By the time one's body forms a Malignant Placenta Tumor Mass, which is in error called cancer, one becomes frightened. One's physician also becomes frightened and the only things he or she knows to do, and is permitted to do is address the Malignant Placenta Tumor Mass, by Surgery, Radiation and Chemotherapy. Addressing these Malignant Placenta Tumor Masses is absolutely necessary in most cases. However, if one does not properly address the *cause* of one's malignant tumor "cancer", these and other Malignant Placenta Tumor Masses will return in a few months even larger and more vicious and life threatening.

Before, during and after your physician treats these Malignant Placenta Tumor Masses one should address the cause of one's cancer — that is, the failure of the pancreas. As outlined in Chapter I, metabolically supporting one's failing pancreas is absolutely necessary to properly address one's cancer and to help prevent the reoccurrence of additional Malignant Placenta Tumor Masses.

Invest in Avoiding Cancer

For those who choose to remain healthy is the smart way to go. Protecting your investment, your own body, is the intelligent procedure to best ensure that you never receive a diagnosis of "cancer". Dr. Kelley's pancreatic enzyme PAL and Phos-A is the best way to metabolically support ones pancreatic function and survive the insults, stresses, and strains of our life-styles.

Jesus the Christ said, “Physician Heal Thyself.” What is the true teaching behind this beautiful saying? What was Jesus really trying to say? It involves the true meaning of cure — cure for anything. It is often said. “I went to Dr. Jones and he cured me.” Nothing could be further from the truth. No matter how many years a doctor has gone to school, no matter how many college degrees he or she may have, a doctor can cure only one person — himself or herself. It is important that you understand that only you can cure you of anything.

It is you and your body chemistry that cures you of your disease. In doing this you must take note that you are environmental, metabolic, physical, mental and spiritual — each facet plays a part in your “cure.” Your physician or clinician can only bring to your attention some of the basic laws of God concerning health. Unfortunately not all clinicians know the laws of God concerning health, even though they are honest and sincere and try their hardest.

Can I Trust My Doctor?

- The answer is a simple **Yes.**
- **Yes,** you will need all the professional help you can obtain from the Medical Community.
- **Yes,** you must have his or her help in all the crisis situations you will encounter on the road to health.
- **Yes,** you are required by law to submit to his or her advice and cooperate in doing the recommendations he or she makes.
- **Yes,** your only chance of survival in your battle in this war is to work with your physician.
- **Yes,** but there are many things that are helpful in your fight that your physician cannot do for you. In dealing with your metabolism, you must do it yourself. This book is to help guide you through the things you can do to help yourself and

accomplish the best possible state of health.

- **Yes,** work with your physician and do all he or she advises, and study and glean all you can from this booklet.

Seek A Physician To Work With You, Not On You

My fellow researcher Dr. Carol A. Morriosn, M.D., F.A.C.C. (Associate Professor, School of Medicine, The University of Pennsylvania for 12 years; ABIM Certified Diplomat in Internal Medicine; ABIM Certified Diplomat Cardiovascular Disease; Diplomat of National Board of Medical Examiners) and I spent 10 years in undivided attention to bring the Truth to you.

We reviewed thousands of medical records of Cancer patients and spent thousands of hours in Medical School libraries and University Law libraries. We brought many legal cases in the State and Federal Courts of Pennsylvania, appealed the 3rd Circuit of the Federal Courts several times, and appealed to the U.S. Supreme Court five times. During this time we collected more than adequate data, and endured sufficient experiences to honestly help cancer patients.

We were desperately working within the legal system and medical establishment to be permitted to use Metabolic Medicine's Cancer Cure to help those who chose to use this proven therapeutic procedure. For years, the medical establishment, without investigation of our research, said, "It couldn't be A Cancer Cure, Dr. Kelley is a dentist."

Dr. Morrison was of a different mind. She was one of the most outstanding physicians in the United States, Board Certified in Cardiology and Internal Medicine. She had advanced training with Queen Elizabeth's Physicians and taught at the University of Pennsylvania Medical School.

We know our opinions about the Medical Establishment are repulsive and unbelievable to the honest, God fearing, Christian citizen. Nevertheless, they are true and we have encountered so many such experiences we must bring to your attention at least one of these horrible stories.

Dr. Morrison's Brother David

One day, Dr. Morrison got an urgent call from her little brother, David. He had a small lump, about the size of a pea, on the left side of his neck, just above the collarbone. His doctor in New Jersey, knowing the stress David was under with his "wife to be" told him to just calm down and get his family situation resolved and watch it and check again in six months. On hearing this advice, David's mother went into hysterics and brought David to Pittsburgh, where Carol was working in a local hospital. Their mother was somewhat justified as both David's father and Carol had been diagnosed, by biopsy, as having cancer (Lung and Breast).

Carol knew from her medical training that if the lump was malignant it was only a metastasis of a tumor mass, usually found in the chest between the lungs. She asked me to ask the Holy Spirit for confirmation. I was told that, yes, the original malignant mass had been between the lungs, but the normal body defenses (clean-up crew) had completely cleared the primary site and the lump in the neck had been encapsulated into a fibrous nodule, and to leave it alone and get David's love life settled and reduce his stress — the same advice his New Jersey doctor had given. To verify the Holy Spirit, Carol did a "scan" in the hospital where she was working. It was negative.

It was agreed to wait six months and then check David again. David's mother, wanting to play doctor, as many unqualified people do, took David to Philadelphia to the medical school. She demanded the nodule be removed for a biopsy in order to prove it was cancer.

With a very rich mother and David's health insurance policy, it was like waving a red flag in front of a bull in Mexico. If she demanded a diagnosis of cancer and could pay for it, "She would get it." and David was fair game to the Medical Con Artists.

Second Opinion

Second Opinion Time: If you are rich enough and live on the East Coast, it's Memorial Sloan-Kettering Cancer Center in New York City; in Texas, it's M.D. Anderson Cancer Center in Houston; in the central U.S., it's The Mayo Clinic in Rochester, Minnesota; on the West Coast, it's Stanford in California.

The advice of the New York doctors was: "The University of Pennsylvania uses exactly the same therapy as we do and could treat David as well as we do. We do see a swelling in the nasal sinus. It would be closer to home for David to be treated in Philadelphia and less stress."

Back in Philadelphia, mother demanded a biopsy of the nasal sinus; the fact that David had allergies was never considered. The surgery was a disaster; the surgeon ruptured a major artery and nearly killed David. No biopsy of a life or death situation was encountered. All manner of chemotherapy and radiation was then started.

Third Opinion

David’s mother heard (through the patient’s gossip hotline) of the newest procedure in Pittsburgh and announced: “We must have this ‘newest and best’ for David.” In Pittsburgh, David was scalped; his skull was sawed from ear to ear and set aside. Seventeen biopsy samples were taken, digging as close to the brain as possible. His skull was replaced and his scalp sewed back over the bones; seventeen hours and $200,000 later David was wheeled out of the operating room. All biopsy samples were negative and did not show any "cancer".

David was going to five doctors and each one was giving him something different. Neither of them knew, or cared what the others were treating him with. All this was treatments were performed when there was no positive biopsy ever reported. All they could say was: “It could be cancer, but we can’t find it in the biopsy.” Mother was delighted; she got to play doctor along with the best of them, while she was relieved of part of her wealth.

Dr. Morrison and I were devastated. We constantly asked God why such devastating and cruel experiences were necessary when David did not even have cancer! Maybe it was for you, the readers of this booklet for your education and understanding. Carol and I had seen enough, long before David.

David’s Death

As a result of the very best of the Orthodox Medical Community, David’s physicians who inflicted surgery, radiation and chemotherapy, essentially committed murder.. Such forms of murder are socially accepted. It is the standard acceptable procedure in treating cancer victims.

Do I Really Have Cancer?

To monitor the progress of your bout with "cancer" you could use the Navarro test in addition to the evaluation procedures of your attending physician. Dr. Kelley recommends this procedure.

NAVARRO BETA-HCG URINE CANCER TEST

A safe, cost-effective, non-invasive, accurate screening test for Cancer.

Send urine samples by mail to Dr. Efren F. Navarro for the Beta-HCG Urine Immunoassay for Cancer Detection:

1. The specimen should be the first urine after midnight. For women, there should be no sexual contact for 12 days before collecting the urine specimen. Do not send a urine sample if the woman is pregnant. For men, no sexual contact for 18-24 hours before.

2. Mix 50 cc (1.75 oz.) of the urine with 200 cc (7 oz.) of acetone (can be purchased from hardware store or pharmacy) and 5 cc of 70% isopropyl rubbing alcohol or 95% ethyl alcohol. Stir and mix well.

3. Let the mixture stand for 2 hours in refrigerator until sediment forms.

4. Throw off about half of the urine-acetone mixture without losing any sediments. Filter the remaining mixture through a coffee filter paper or a laboratory filter paper to retain the sediment.

5. After filtration, air-dry the filter paper with the sediments.

6. Fold the filter and place it in a plastic bag.

7. If results are wanted quickly, send the specimen by courier (FedEx, UPS, or DHL) or by USPS Global Priority Mail to Dr. Navarro together with the patient's name, age, sex, brief medical history and/or diagnosis, and a Xerox copy of a money order or check for $50, made out to Erlinda N. Suarez. Otherwise, send the specimen by regular air mail and allow 4-6 weeks for test result delivery. Dr. Navarro's address is:

Dr. Efren F. Navarro, M.D.
3553 Sining Street
Morningside Terrace
Santa Mesa, Manila 2806
Philippines
Tel. # 011 632-714-7442 (9 pm Eastern = 9 am Manila)
e-mail: efnavmed@compass.com.ph

8. Mail the money order or check (personal checks drawn on a U.S. bank are OK) to:

Ms. Erlinda N. Suarez
631 Peregrine Drive
Palatine, IL 60067-7005

The specimen will be tested immediately upon arrival. Results will be sent by email as soon as they become available to the patient's and/or physician's email address if they have email addresses. The official report will be sent back by air mail.

Metabolic Medicine's Cancer Cure Program

Metabolic Medicine's Cancer Cure Program is based on the best scientific knowledge available and has been condensed to a simple well-balanced system.

**It can be compared to a fine watch;
each part must be there and
functioning properly, or it does not work at all.**

Metabolic Medicine's Cancer Cure Program

"Metabolic" pertains to metabolism: The chemical and physical processes continuously going on in living organisms and cells, comprising those by which assimilated food is built up (anabolism) into protoplasm and those by which protoplasm is used and broken down (catabolism) into simpler substances or waste matter, with the release of energy for all vital processes.

The person who has the metabolic malfunction should be addressed, not the disease that has the person. We call our system of addressing cancer "Metabolic" because the total person and all of his chemical and physical processes must be considered, and new habits of health developed in order to obtain a reasonable state of health.

We advise a very comprehensive program. It is extremely effective and inexpensive when compared to surgery, radiation and chemotherapy. Those who are willing to faithfully and tediously follow it will be successful. Those who follow it in part or haphazardly will be completely unsuccessful.

Metabolic Medicine's Cancer Cure Program is based on the best scientific knowledge available and has been condensed to a simple well-balanced system. It can be compared to a fine watch; each part must be there and functioning properly, or it does not work at all. Each step of Metabolic Medicine's Cancer Cure Program must be followed exactly or there will not be any relief of the symptoms.

The Five Steps of Metabolic Medicine's Cancer Cure Program

1. Adequate, Proper, Well-Balanced Diet (Chapter V)
2. Neurological Stimulation (Chapter VI)
3. Spiritual Attitude (Chapter VII)
4. Detoxification Of The Body (Chapter VIII)
5. Metabolic Supplementation (Chapter IX)

1. Halting or stopping the malignant growth with the use of supplemental metabolic nutrition, is relatively simple. The growth is usually stopped from within 3 hours to 12 days of metabolic nutritional supplement support, depending upon the amount and method of administration. This is usually noted by a sharp elevation of body temperature lasting about three days.

2. The clinical problem in treating a cancer patient is step two, clearing the body of accumulated toxins. This takes from 3 weeks to 18 months, depending upon the location and mass (amount) of growth. Many cancer patients have had their tumors successfully treated only to die of toxic poisons as the mass is dissolved and excreted from the body. In a case such as this, the clinician treated the disease and not the patient, or failed to treat "metabolically."

3. Diet for the cancer victim is as important as diet for the diabetic, and should be carefully followed during the fist year of the recovery process. Later, diet can be altered to a more acceptable program. However, for the rest of one's life food intake and enzymes must be considered to remain "cancer-free."

4. The nerve pathways to the pancreas must remain functional, turning the pancreas on and off as needed. When this process fails, the pancreas does not know what to do. Osteopathic and chiropractic adjustments as well as acupuncture and other newer neurological therapies have also proven helpful to the cancer victim.

5. Spiritual attitude often means the difference between life and death. Many are not dedicated to the hard work and faith required for success. One patient recovered by renting funny movies like Abbot and Costello, the Marx Brothers, Charlie Chaplin and other noted comedians. He literally laughed himself well!

We find that the rate of recovery is subject to another law — that of blood supply. If the rate of blood supply to an area is great, recovery is fast. If the blood supply to an area is inadequate, recovery is very slow. Thus, we find those with leukemia respond quickly, while those with bone afflictions have a much slower response. We have also noted that in tumors of large diameter (three or more inches) the outside diameter is quickly dissolved, but the interior, where there is a lack of blood supply, often takes several months to dissolve. This is a very wonderful thing; the body has time to detoxify, and the death rate from toxemia is greatly reduced.

The prognosis for a cancer patient is very good when the liver, kidney, and lung functions are at least 50% of normal, and an optimistic spiritual attitude is maintained. Unfortunately, we have found many people who have lost hope, or their next of kin have lost hope, to the degree they were resigned to death and refused to try our Cancer Cure Program.

Metabolic Cancer Defense

There are only two physicians: the Almighty and your own body

The pancreas is a complex organ and has many functions and purposes. We will briefly mention three here:

A. Carbohydrate (Sugar) Metabolism.

If this pancreatic function fails, the resulting disease process is what we call diabetes.

B. Production of Digestive Enzymes:

1. **Amylase**, which digests starches, glycogen and other carbohydrates.
2. **Lipase**, which digests fats.
3. **Protease**, which digests proteins. If this pancreatic function fails, the resulting disease process is called:
    - a) Cystic Fibrosis (usually in children) and/or;
    - b) Malnutrition, starvation, cachexia, wasting, or emaciation (usually in adults).

C. To Digest or Cannibalize:

1. The intercellular metabolic waste and toxic metabolic materials.
2. The intracellular waste products and dead or dysfunctional normal cells.

3. The normal dormant pre-placenta cells as they become cancer cells.

When this pancreatic function fails we have the resulting disease process we call cancer.

Metabolic Ignorance

There are many causes for the failure of our pancreatic metabolic function. Often more than one cause exists simultaneously within the cancer patient. All must be considered as possible, or ruled out as non-causative, in each cancer patient:

1. The pancreas fails to produce an adequate quantity of enzymes.
2. We take into our bodies such large quantities of foods which require pancreatic enzymes for their digestion, that there are no enzymes available for cancer digestion.
3. Diet: incorrect type, amount, and timing of nutritional intake.
4. Nutritional components are not available (vitamins, minerals, amino acids, etc.) that are necessary for normal metabolism within the pancreas.
5. We may fail to take into our diet enough minerals, which are essential to release the enzymes into activity.
6. We may produce enough enzymes but we fail to take into our diet enough coenzymes (vitamins) to make the enzymes work.
7. Failure to make adequate pancreatic activators.
8. Obstruction of pancreatic secretion flow.
9. Often we produce enough enzymes, but the blood supply to a cancer area is so poor that the enzymes we produce are not carried to the area.
10. Proper ph balance (acid/alkaline balance) within the intestinal tract and/or within the malignant cancer tumor mass.
11. Infection: bacterial or viral.
12. Chemical poisons within the patient’s body from the environment, food chain, drugs, metabolic wastes or medications.

13. Man-made biologicals such as viruses or infectious agents.

14. Emotional instability and/or trauma.

15. Non-absorption of pancreatic secretions: pancreatin from the intestines into the body due to scarring or damage to the small intestine from various diseases.

16. Our bodies produce anti-enzyme factors. These factors keep the enzymes from digesting our own bodies. Sometimes we produce an over-abundant supply of these anti-enzyme factors.

17. Balance: instability and weakness of the autonomic nervous system.

18. Genetic: inheriting a very small, or weak or defective (ineffective) pancreas.

19. Radiation damage such as from therapeutic procedures, etc. and

20. Spiritual weakness.

Racial Gene Pools

The pure white race, Aryans, and in particular, the Anglo-Saxon, Celtic, Scandinavian, Germanic, French, Scottish, Irish and British peoples, genetically appear to have a much higher incidence of cancer than other races. The Jewish race, as well as Blacks, Asians and mixed races have a much lower incidence of cancer than the Aryan race.

Other races have cancer of course, but in proportion to the pancreatic damage from malnutrition, viruses or infection. In addition, the percentage of cancer within the other races can be correlated to the percentage of white blood mixed in the individual's gene pool.

Cancer Recovery

All persons who have cancer die of starvation, unless they are first killed (usually by their physician). In attempting to find help and in helping others, one must comprehend these four basic parameters:

1) The stricken cancer victim and their family members have been so deceived by the Establishment, that they are completely brainwashed and put in extreme fear.

2) Another parameter we often forget is that once a cancer victim or family member has awakened from this imprisoned condition, they trust no one. All too often the mindset of the cancer victim is to demand an immediate, noticeable, positive, measurable response. When this is not forthcoming, they usually flip (and flounder) in numerous forms of therapies that are claimed by their promoters as "The Cure."

Most of the individuals who at last turn to my Metabolic Medicine's Cancer Program are disillusioned, without hope, and have limited funding for recovery. Such persons must have at least six months of life and follow the Metabolic Program most carefully. Then, if they survive this six-month time period, there is a chance of recovery. This recovery period is a long and tedious one, usually lasting at least 2 years. After that, they must take a form of metabolic support for the rest of their lives.

3) Most of these individuals expect and demand immediate results or they go on to other therapies. This is not the way one recovers from cancer, because it is not the way they developed cancer. Cancer requires the failure of the pancreas over the course of two to eleven years to develop a Malignant Tumor Mass, which the medical community in error calls "Cancer." Consequently, it requires at least the same length of time to clean up a ravaged body. Only then does the process of rebuilding the body take place, which usually takes an additional two to four years of hard work and living right. Then, for the rest of one's life, one must keep a constant vigil to remain free of malignant tumor masses.

4) One must realize that physicians are forbidden to treat cancer. Our common enemy controlling the Medical Establishment has several methods and techniques to prohibit a physician from treating cancer.

Cancer is a "Process"… not an "Object"

Everyone produces malignant tumor cells on a daily basis. At the same time, the pancreas produces adequate pancreatin to digest the food you eat, as well as malignant tumor cells. It is when one's pancreas fails to produce the necessary pancreatin to accomplish both of these tasks that a "Disease Process" takes place, which we correctly call cancer.

When this disease process occurs, you are not aware of it, as it is so subtle it must progress for 2 to 4 years before you or your physician realizes you are in trouble. The objective of my Program is to supply the body with adequate pancreatin to properly digest food, stop the disease process, and rid the body of any and all malignant tumor masses. This is the proper, normal, physiological method of taking care of the disease process called CANCER.

Upon starting my Program, two measurable things occur**: 1)** White blood cells increase in number, which is considered by everyone to be a good sign. **2)** Cancer Markers become temporarily elevated, which often scares both the cancer victim and his or her doctor. I consider elevated Cancer Markers to be a good sign. Cancer markers become temporarily elevated and malignant tumor masses continue to grow temporarily

Pancreatin digests the Malignant Tumor Masses and Cells into liquid debris. This debris is then gobbled up by your white blood cells and removed from your body by way of bile from the liver, which goes into the colon and out, and urine from the kidneys, which goes into the bladder and out. A small amount of this debris leaves the body by way of skin perspiration as well as hair and nail growth.

Upon starting Metabolic Medicine's Cancer Cure Program two measurable things occur:

1. White blood cells increase in number, which is considered by everyone to be a good sign.

2. Cancer Markers become temporarily elevated, which often scares both the Cancer Victim and his or her doctor. Dr. Kelley considers elevated Cancer Markers to be a good sign for the following reason:

The Malignant Tumor Mass debris consists, in part, of Cancer Marker components. Until now most of this Cancer Marker material has been held in the tissue surrounding the Malignant Tumor Mass and usually increases when Malignant Tumor Masses continue to develop. Upon starting Metabolic Medicine's Cancer Cure Program the Cancer Markers are released into the bloodstream as the Masses are digested. This causes a high volume of Cancer Marker material to appear in the bloodstream temporarily and is the most misinterpreted part of the Metabolic Medicine's Cancer Cure Program. The second most misinterpreted part is that often the Malignant Tumor Masses continue to grow temporarily before one's normal metabolic function can take over.

Why You'll Feel Bad During Recovery

When the organs of detoxification become overloaded with debris, one feels as if you were run over by a freight train. This lousy feeling is how you know that my program is working. If you do not feel bad, one of three things is happening:

1. You are not taking enough pancreatin of the correct quality or quantity.

2. You have a very small amount of malignant tumor cells and/or masses.

3. You have enzyme inhibitors (blockers) obstructing pancreatic activity.

I expect all cancer victims taking pancreatin to feel toxic (sore, headaches, no energy, nauseous, irritable, elevated temperature, flu-like symptoms, etc.). When this occurs it indicates one's metabolic functions are working well. At this time, I recommend that you stop taking the metabolic nutrients for five days to allow the organs that are detoxing to remove this debris from your body.

Many cancer victims have only a small malignant tumor mass and experience only mild discomfort. Others have very large malignant tumor masses like Steve McQueen's. If your physician can surgically de-bulk or remove most of these masses, you often do not become toxic, and your recovery time speeds up.

DO NOT THINK YOU ARE CANCER FREE!

Reactions while on the Kelley Program

On occasion, we have found that an area of a malignant tumor mass becomes tender and swells. This could be a very good sign. As one's body cleans up the various debris and digested cells it is like hitting your finger with a hammer and tenderness, pain and swelling occur. It can be very frightening to those who experience a tingling or "electrical shock" sensation. This is usually caused by pressure on nerves from malignant tumor growth. But often, it also occurs when the swelling from clean-up is taking place within the body. Therefore, it could be a good or bad sign, but one should consider the good possibility of clean-up activity.

Once or twice after some months on our Metabolic Program, a family member has called me and said "your program didn't work" Bob/Mary died. When questioned, the individual had not been on the program for the last four to six months. Another time a call came in saying the individual had died, only to find out she was killed instantly in a head-on auto accident. Others have died from gunshot wounds while dear hunting, others from heart attacks. Of course this is not a "Metabolic failure."

Ascites, Cachexia, Fluid Cysts and Diarrhea

Ascites is a collection of fluid in the abdomen, chest, or legs. If the patient with Ascites has been diagnosed with cancer, the physician calls hospice and writes multiple refill prescriptions of strong narcotics.

Cachexia in cancer usually implies terminal illness where the body cannibalizes itself. The liver converts the body protein tissues into glucose which metabolically supports the cancer (placenta) until death occurs.

Fluid Cysts is a fluid collection in epithelia sacks containing proteins, electrolytes, minerals, etc.

Diarrhea - in cancer. When standard treatment fails I have found that the patient's body uses diarrhea to remove years of toxic substances so that repair and rebuilding can take place.

Ascites Update

I would like to bring to your attention some terminal conditions. Cindy is a cute little ol' heifer from Florida and a flight attendant with a major airline. Unfortunately, flying on an airplane on a regular basis has its hazards and she was exposed to all sorts of toxins and germs, which fill the body to the brim with stressful toxins.

Cindy's big problem was playing with two boys; her fiancée Ken, and St. Peter. When she was diagnosed with Ovarian Cancer in April 2001, she immediately incorporated my program into her life, bypassing "traditional" methods of cancer therapy such as chemotherapy and invasive surgery.

About a year into my program, Cindy's doctor told her she had "Ascites"; a cancerous fluid that floats freely in the body, or, forms into encapsulated cysts. She and Ken looked-up Ascites on the Internet and were horrified to find that there was almost nothing on the subject. They then designed a website about Ascites and their experiences, **www.asciteshelp.com.** It is one of the most outstanding sites on the net and Cindy and Ken's trials and tribulations give hope to thousands.

Although it is against the law for me to disagree with her doctor, I do not think Cindy had Ascites. As the medical community has been beguiled, this is the way I see this potentially terminal condition: It has been my experience (as in Cindy's case) that these multiple fluid cysts are a result of taking my enzymes, and that the body's self defense forms pockets of very toxic metabolic wastes. If these toxic wastes were not captured in cysts they are usually fatal.

This was also the case with Dr. Pamela and the after effects of Chelation Therapy that removed toxic metals from her body. In Dr. Pamela's case, a fluid cyst twice the size of the kidney was formed to hold these toxic substances until they could be safely removed from the body. Of course, the ignorant physician wanted to remove the kidney. These fluid cysts are life saving back-up systems Yahweh, God Almighty, has built into this most perfect instrument of all creation.

Cindy is *a "Gate Rattler"*. Even when she was in extensive pain, her desire was to live and not rattle the front gates of heaven. Whenever she was pushed to her limit, she would have visions of St. Peter, looking in his book telling her that she had not been invited to visit heaven so soon.

In fall of 2003, about every ten days to two weeks while experiencing extensive pain from Ascites fluid buildup, Cindy had many opportunities to rattle St. Peter's pearly gates. He would go to the throne room and say to Yahweh, God Almighty, "This cute little ol' Florida heifer might be coming to visit us!" God would say, "Send her back - she has much more work to do."

This affair with St. Peter went back and forth over 40 times whenever Cindy had fluid buildup. St. Peter was tired of hiking to the throne room so he would shout over to God. "God, that cute little ol' heifer from Florida might try to visit us again." God would shout back, "Tell her, not yet, go home and get to work!”

Cindy would have made it inside the pearly gates if it had not been for her radiologist and doctor. Every time she would come in to see them when these fluid cysts filled up, the radiologist would get out his big long needle and drain another cyst. This procedure is called Paracentesis.

On September 1, 2003, the Oncologist report stated that the tests performed on the Ascites fluid showed that the cancer cells were well differentiated, a very positive sign considering cancer cells are very aggressive, and are typically fragmented and poorly differentiated. Cindy was getting better!

Although in my opinion, Cindy did not have Ascites, it is no wonder the medical profession called these fluid cysts Ascites. They filled-up to the point of causing near death, then she would rattle Peter's pearly gates and have her little affair with him. What I am trying to say is, Yahweh, God Almighty, has a lot of back-up systems built into his created masterpiece.

World War III

We have been plunged into World War III by our Common Enemy. The major dilemma we are encountering is that you and I, do not recognize that we are in the middle of World War III, let alone who is our enemy. No metabolic program will keep you well and healthy when you are subject to being attack by biological warfare agents via Chem-trails, vaccinations, drugs, contaminated food and “treated” water.

The Pancreatic Study 4

The Medical Establishment has for many years endeavored to discredit Dr. Kelley's most successful Cancer Paradigm developed in 1963.

A Review of Dr. Kelley's Pancreatic Cancer Patients

The Medical Establishment has for many years endeavored to discredit Dr. Kelley's most successful Cancer Paradigm developed in 1963.

A medical journalist obtained authorization under the guidance and direction of Dr. Robert A Good, Ph.D., M.D. president of Memorial Sloan Kettering Cancer Center in New York City to review Dr. Kelley's records. The objective of the Medical Establishment was to prove beyond a shadow of doubt, that Dr. Kelley was an unorthodox quack. Dr. Kelley's objective was to prove beyond a shadow of doubt that the Kelley Paradigm is the only scientific basis for the Cure of Cancer. Dr. Kelley had some 33,000 well-documented medical records of his Cancer Patients. The documentation was so overwhelming this Study continued for over 5 years.

Legally the definition for a Cancer Cure is, a patient must be free of Cancer five years after initial diagnosis. The study was approached from two general parameters. First parameter was for all types of Cancer. The results indicated a 93% Cure Rate, after their physicians dismissed the patients, stating no further orthodox medical therapy could be helpful for them. In other words, their disease processes had exceeded the therapeutic limits of Orthodox Medicine and they could no longer be helped. Thus the standard Orthodox Death Sentence - go home and die!

Dr. Kelley often states, "it is possible to Cure only 97% of Cancer Patients as in 3% of those diagnosed with cancer, the Patient has a death wish, or more frequently the next of kin (wife, husband, parents, children) have a Death Wish for the Cancer Patient." The conditions for success of the 97% of those Cancer Patients are two in nature. One, the patient must have at least 6 months of time to get well into the Kelley Program and two, one must follow the protocol exactly and faithfully. After the first six months, there is an excellent prognosis for recovery. The Cancer patient's road to success is difficult and usually takes an additional 18 months of intense therapy, which can only be accomplished by the Patient. When recovery has been gained, one must keep in mind that for the remainder of one's life Diet and Pancreatic support is mandatory for a Cancer free life.

The Pancreatic Study

Introduction

The Second parameter of the review dramatically supports the above paragraph. In the Second parameter of the study, there was a 100% cure rate for Pancreatic Cancer Patients who carefully, faithfully and completely followed Dr. Kelley's Metabolic Protocol.

The Orthodox Medical Cure Rate for Pancreatic Cancer is 0%. Although the following study includes only a very few Pancreatic cases for various reasons and whims of the reporting journalist, it is the most significant and successful Pancreatic Cancer Study in the world to date. This study alone proves Dr. Kelley's objective, the Kelley Metabolic Cancer Paradigm is the only scientific basis and protocol for a Cancer Cure.

The Study

Twenty-two (22) patients were selected for the study. Seventeen (17) of these patients had died. Five (5) patients were cured

Compliance

Compliance, that is how rigorously each patient followed his or her Metabolic Program was determined from several sources. Interviews with patients, family members, physicians, supplement purchases and Dr. Kelley's notes.

Ten (10) of the twenty-two (22) patients had consulted Dr. Kelley only once, and had never followed the Metabolic Program, not even for a single day. All patients died.

Another seven (7) patients pursued their Metabolic Program only partially and sporadically, for periods of time ranging from four weeks to thirteen (13) months. All these patients, too, were dead. None of these patients had used the Kelley Metabolic Program at all during the three months prior to their death.

Patients failed to follow the Metabolic Program, or followed it incompletely, for a number of reasons. One patient, who died the day after visiting Dr. Kelley, was too sick to begin. Another patient, whose disease had already bankrupted him, could not afford the supplements. Several patients gave up on the regime because their physicians strongly opposed Dr. Kelley's approach. In addition, several found the lifestyle changes, the diet and detoxification too unappealing.

The reasons for non-compliance can be summarized as follows:

Reason for Non-Compliance	# Patients
Too sick	1
Couldn't afford	1
Too much trouble or physician opposition	10
Reason unknown	5

Five (5) of the twenty-two (22) patients followed the full Metabolic regimen as prescribed, and for periods ranging from two to ten (10) years. Each enjoyed a complete regression of disease, and four (4) were still alive when this report was published (1987). One (1) patent died after eleven and one half (11.5) years, of Alzheimer's Disease, of course Cancer Free.

Grouping of Pancreatic Cancer Cases

Group I

Patients who never used the Metabolic Program

Median survival time:	67.0 days
Mean survival time	62.7 days

Group II

Patients who used the Metabolic Program partially

Median survival time	233.0 days
Mean survival time	302.1 days

Group III

Patients who followed the Metabolic program completely

Median survival time	9.0 years
Mean survival time	8.2 years

Conclusion I

As described, one extremely ill patient died the day after consulting Dr. Kelley. Otherwise, based on the evaluation of the medical records, the patients in one group were not significantly sicker than those in any other group when first seen by Dr. Kelley.

Dr. Kelley has repeatedly told all cancer patients they should follow the full program for at least several years to regain good health. Nevertheless, the mean survival time for those who followed the Metabolic program only partially, and usually briefly, is 4.8 times greater than the survival time of patients who never began the Metabolic Program.

Finally, the data allows an estimation of Dr. Kelley's success rate with pancreatic cancer. In this calculation, only those patients who followed the full Metabolic program are considered. This is appropriate: in any controlled clinical trial of a chemotherapeutic drug, subjects who deviate from the protocol must be discounted, even if they do well.

So, Dr. Kelley's success rate, in this particular series of patients - considering only those who used the full program, is 100%.

The journalist used a relatively small number of patients. Nonetheless, this is an impressive outcome; no oncologist in the orthodox or alternative medical communities anywhere in the world can match these results.

Cancer is the easiest of all the major degenerative disease conditions to properly treat and cure. It requires the failure of the pancreas from 2 to 4 years to develop a Malignant Tumor Mass, which the Medical Community in total error calls "CANCER"

Conclusion II

For over 37 years our researchers have had the integrity, discipline and stamina to thoroughly investigate the parameters of the disease process that is commonly known as Cancer. They have addressed this, a most serious issue of our times with honesty, integrity, openness and determination that befits the intelligence and position of scientific researchers.

The highest honor a true scientific researcher can ever attain has been attained — that is rejection and condemnation by the Establishment. This honor comes to very few in the Academic or Scientific Community. No higher honor can be bestowed upon a mere mortal. They stand tall beside the great of civilization, such as Galileo, Louis Pasteur and Gregor Mendel.

Unfortunately, the Orthodox and Alternative clinicians, doctors, and researchers, for well over the past 100 years have been in serious SCIENTIFIC ERROR when addressing Cancer. Yes, many of these individuals have observed one little parameter of Cancer, but they have completely missed the understanding of what Cancer is. Many of the Alternative researchers and practitioners have fallen into the same scientific error as the Orthodox researchers. More unfortunately, the Orthodox researchers and practitioners, have even, with their unlimited funding, fallen into complete and total Scientific Error when addressing cancer.

1. They see a Malignant Tumor Mass, and in total Scientific Error call it a "Cancer." It is nothing of the sort. This is exposing their total ignorance of Cancer. A Malignant Tumor Mass is a Malignant Tumor Mass, and in no way can an intelligent scientist call it Cancer.

2. Cancer is a simple failure of one's own pancreas to produce adequate activated pancreatin and deliver it to the site of a stimulated (activated) normal Trophoblast Cell (Pre-Placenta Cell). This happens to each of us, thousands of times every day. At this point the pancreatin produced by the pancreas and activated by secretions from the first six inches of the small intestine, circulates throughout the body. This activated pancreatin seeks and searches out all manner of defective cells, bruises and pre-placental tissue cells.

3. These defective cells are digested by the activated pancreatin. The white cells then pick up this goopy mess and carry it to the LIVER by way of the bloodstream and lymph system. This mess has to wait its turn to enter into the liver to be eliminated. Most doctors and cancer victims alike, are so dumb they expect the liver to do this without their help — and for the most part, the liver must accomplish this task in spite of their hindrance.

4. All systems of both the Orthodox and Alternative Medical Communities, in total ignorance dealing with malignant tumor masses are accounted for in Metabolic Medicine's Paradigm. The success rates of these most unscientific procedures range from four to at most 30%. Their very few successes are accomplished by accident and in total ignorance of Metabolic Principles.

5. There are a few sincere, naive, ignorant individuals, who in honesty and dedication want to help the CANCER VICTIM. However, they do not comprehend what Cancer is and by hit or miss, stumble onto one little parameter of Metabolic Medicine's Paradigm.

6. Most individuals associated with the diabolical CANCER RACKET do not want and

will not allow the proper treatment of Cancer to be known or used. They enlist the aid of the Political, Legal and Medical Establishments. It is their objective to so deceive the CANCER VICTIM that he/she will run as fast as they can to the doctor.

7. In their deceptive schemes, these Establishment con artists expect and demand that we Cancer Victims voluntarily beg the Medical Communities to plunder us and take all our assets in blind false hope of receiving proper and adequate treatment. What little success is forthcoming is by accident and in total ignorance.

The Cancer Victim has a Failure of the Pancreas for at least two years before a Malignant Tumor Mass develops to a point that the physician becomes aware of their condition. Although these victims have felt that something was wrong for several months and have often gone to the physician for help, with very little improvement noted.

When Pancreatic failure progresses to a point wherein a Malignant Tumor Mass — A False Placenta — is found, in ignorance and scientific error, the physician calls this Malignant Tumor Mass CANCER.

The diagnostic evaluation tools developed by the Unscientific Scientific Community — that is, Biopsy, Scans, Blood Tests, X-rays, etc. are so crude it is unbelievable. By the time these crude procedures are used, it is most often too late for any effective therapeutic procedure. Remember the Medical Communities never, ever, address CANCER, only Malignant Tumor Masses.

Researchers of the College of Metabolic Medicine developed a simple, effective and inexpensive Self-Examination Procedure for pancreatic failure in the mid-1960's. The Establishment for obvious reasons has suppressed this Self-Examination Procedure. This Pancreas Self-Examination Procedure should be used once a year to alert one to possible pancreatic failure. This simple Self-Examination could put the National Cancer Institute and the American Cancer Society out of business within a few months.

All persons who have Cancer will die from starvation if they are not killed before, — usually by their physician.

May our Father God Almighty extend His loving kindness, protection and blessings to you in all ways — always!

Respectfully,

William D. Kelley, D.D.S., M.S.

5

Dietary Recommendations

The Choice: Eat To Live - Or - Live To Eat!

All non-organic grains, are "DUSTED" and stored with anti-mold, anti-fungal and other deadly shelf-life extenders.

One should make every effort to contact the primary source of non-organic grains and discover the system of additives and shelf-life extenders used.

Metabolic Medicine's Cancer Cure Diet

About the year 424 BC, Hippocrates, the father of modern medicine, made the statement, "Your food shall be your medicine and your medicine shall be your food." Try as we may, we have not been able to improve upon this basic truth. This is particularly true when it comes to the successful treatment of the cancer patient. At least 86% of all cancer conditions could be adequately treated and/or prevented by diet alone.

It never ceases to amaze me at the number of learned as well as ignorant persons who scoff when diet is mentioned. They all seem to believe that no matter what is placed into the body, by some magical process, it makes for perfect health. Yet these same people are very fastidious and concerned about what, how and how much food is fed to their pedigreed dogs and cats and their registered cattle and horses. It is ironic that they cannot see that their own health is equally dependent upon a proper balanced nutritional process.

Metabolic Dietary Support For Health Building

1. Creation

In observing the human body and its self regulation, self building self repairing, autonomic self adapting instrument is the most complex creation known.

Objective

We must not use our dietary intake of foods as medications to establish and provide therapeutic treatment of disease. We can and must use our food as source of raw materials the body can use in its most complete and competent health-building laboratory. We cannot comprehend the trillions of biological procedures that must be accomplished every second of our lives. Your body is much more profound and intelligent than all the doctors and professors of medicine in all the universities of our civilization. Smart doctors run away as fast as possible when you ask your first dietary question, "what can I eat doctor?" The ignorant and stupid ones of the medical community are constantly dreaming up "fad diets" that flourish for a season but are always soon replaced by a new fad diet.

GOLDEN RULES OF DIETARY FOOD INTAKE

A. Use small amounts of a variety of natural unprocessed organic foods:

1. Use two eggs daily.
2. Use heavy cream and pure butter freely.
3. Use foods that are unprocessed.
4. Rotate meats (after first six months on your program)
    a) Day one – three ounces of beef liver raw blended with fresh vegetable juice;
    b) Day two – three ounces of steamed or roasted chicken;
    c) Day three – three ounces of fish; etc.

B. Use natural whole foods your body craves.

DIETARY RECOMMENDATIONS

Kelley Almond Diet

From the first printing of this book in 1967 we have called our diet the "Kelley Almond Diet" because the principal protein is almond and vegetable protein.

Raw almonds are a very good source of protein and may be used as directed: 10 almonds at breakfast and 10 almonds at lunch.

A mixture of raw almonds, cashews, pecans, filberts, Brazil nuts, walnuts, sunflower seeds, pumpkin seeds, and sesame seeds is recommended to supplement protein during the first six months when meat proteins are severely restricted. These should be eaten any time up to 1:00 p.m.

Cashew nuts are desirable, especially if the patient is also suffering from hypoglycemia (low blood sugar).

Nuts, seeds, and grains should be stored in closed containers in a very cool location. Refrigeration is best if one has the space.

Some enzyme researchers do not recommend the use of raw seeds or nuts, claiming that the enzyme inhibitors in the seeds or nuts make proper digestion difficult. This is true in one sense — if raw nuts and seeds were swallowed whole without masticating them, a person couldn't digest them properly. But if nuts and seeds are chewed well or soaked overnight distilled or filtered water, the activity of enzyme inhibitors is greatly reduced or nullified.

Should you have difficulty chewing whole raw almonds, you may substitute two tablespoons of pure raw almond or sesame seed butter.

Phase I

Protein

We have maintained throughout this treatise that cancer is nothing more than a pancreatic enzyme deficiency. The greatest cause of this deficiency is the amount of cooked protein (mutated amino acids) fed into the body. The pancreas simply cannot manufacture enough enzymes to digest the large volumes of pasteurized milk and cheese and cooked meat we eat and have any enzymes left over to digest the foreign protein we know as cancer. If people would not eat protein (animal) after 1:00 p.m., (or eat the animal proteins within a 4-6 hour period) 86% of cancer in the United States could be eliminated.

However, a cancer patient should never give up all protein, as they might be tempted to do when they first learn that too much protein in the diet prevents the pancreas from ridding the body of cancer. The pancreatic enzymes themselves consist of protein (amino acids), and unless the body is fed adequate protein, the pancreatic enzyme production will stop and the cancer tissue will make a very rapid growth. The total withdrawal from protein has been the fallacy of many cancer diets, such as the "Grape Cure." This is also the reason these diets have worked so well for the first few months — no protein — thus freeing the pancreatic enzymes to digest the cancer. Yet, over prolonged periods of total abstinence from protein, the pancreas fails. Proper balance and regulated intake is the answer.

Protein Timing

It is not only imperative that the correct kind and quantity of protein be eaten, but of equal importance, it must be taken at a specific time. We have found that regular proteins should be taken at breakfast and lunch only. When this is strictly observed the pancreatic enzymes, used in digestion of protein, are used only about 6 hours. This leaves 18 hours for production of pancreatic enzymes to digest cancer tissue.

If the average cancer patient is carefully observed, it will be noted that they start the day with protein — a glass of milk, ham and/or bacon and eggs, or milk with cereal. By mid-morning they are ravenous and have a candy bar, peanuts, doughnuts or sweet rolls with a soft drink or coffee. For lunch they normally have a roast beef sandwich, or chicken fried in "trans-fatty acid" vegetable oil, or a hamburger. By mid-afternoon they are again hungry and have been attacked by low blood sugar, so they perk themselves up with coffee or a soft drink. Dinner consists of a charbroiled steak, or a piece of roast beef or other cooked meat with white flour gravy and cooked-to-death vegetables. For dessert there is ice cream or pie a la mode with another glass of milk. It is impossible for the pancreas to produce enough enzymes under these conditions.

Eggs

Eggs are an unusually good source of protein, well balanced and the standard by which all protein is evaluated. They have all the essential amino acids in proper proportions. The cancer patient may have two eggs (preferably raw) each day at anytime.

Proper preparation of eggs is of vital importance. The eggs must be heated in the shell. We bring our eggs to a temperature of 140° F. to 160° F. (which is the normal temperature of hot tap water), for five minutes before cracking them. This destroys an enzyme just inside the membrane under the shell that prevents the biotin in the egg from functioning normally. When biotin functions properly, it greatly reduces the cholesterol risks of eating eggs.

After preheating before cracking them, the eggs may then be eaten, as you prefer them. Raw and soft-boiled eggs are the most preferable, though it isn't absolutely necessary to eat them in these forms. In keeping with the use of as much raw food as possible, a good procedure is to eat the eggs raw in a blended drink of some kind, flavored to suit one's taste.

There was a group of research doctors and dentists who, for at least a dozen years, had eaten two eggs daily (properly prepared as above), as part of a well-balanced nutritional program. Tests conducted on these people showed no increase in cholesterol. In fact, there was a significant decrease in the blood serum cholesterol level of each individual.

Misconceived beliefs of the orthodox medical world about eating cholesterol-containing foods have caused countless people to be unduly alarmed about cholesterol levels and the associated possibility of heart attacks. These misconceptions, carried on from the early 1950's, have been proven false.

Liver

Liver is a wonderful energy food and cannot be surpassed as a blood builder. It is especially crucial for leukemia and lymphoma patients, as their blood is unusually weak. However, all cancer patients can benefit from the intake of raw liver before noon each day. In the mid 1960s, when Dr. Kelley was told he was in the final stages of pancreatic and liver cancer, he found that raw liver blended into carrot juice gave him strength when everything else he ate made him feel ill.

Raw organic, antibiotic-free and hormone-free liver contains a multitude of live enzymes, amino acids and other intrinsic factors that science has not yet identified, which are destroyed when the liver is cooked. (References to "intrinsic" or "unidentified" food factors are fairly common in nutritional literature. They result from clinical reactions, which cannot be linked to known nutrients. Raw liver for cancer patients is an excellent example of powerful therapeutic, but unexplained, effects.) There are no supplements or drugs that can take the place of raw liver; none are in any way comparable in their effects. Eating raw liver ensures thorough digestion and the replacement of expended nutrients, promoting excellent health.

Raw liver is best if it is organic, antibiotic-free, hormone-free and not irradiated.

However, if this type of raw liver is unavailable, 3 to 6 TBS of fresh muscle meat, steaks and ground, may be eaten, raw also, are acceptable even if you buy them at regular markets. Organically grown and not irradiated is always more nutritious and preferable. But if organic isn't available, commercial is healthier than none. At least 3 and no more than 6 heaping tablespoons of raw liver should be taken daily.

Chewing the liver is best for proper digestion. However, if masticating it is too objectionable, it will digest well even swallowed whole, if it is sliced into small enough cubes, and if adequate hydrochloric acid and enzymes are taken.

There are two methods which people find suitable for preparing liver:

1. The liver can be sliced about 1/4 inch thick x 3″ long. One can then use plastic sandwich bags, putting 3 to 6 tablespoons of frozen cubed liver in each bag and storing them in the freezer for daily eating. This frozen liver may be chewed or swallowed whole, followed by a sip of juice if desired. Some prefer to allow the liver to thaw and then to place a spoonful at a time in the mouth and chew it or swallow it whole with a sip of juice.

2. Liver may be placed in the blender with carrot, pineapple, or tomato juice (and seasoning of one's preference if desired), blended, strained to remove the fiber if preferred, and used as a morning "pep-up" drink.

Meat

(cooked and commercially produced)

The cancer patient will want to give up cooked and commercially produced meat such as beef, pork, lamb and fowl immediately (except for raw liver — see above). Cooked meat is harmful for the cancer patient, as the very same enzymes used in its digestion are needed for fighting and digesting the cancer. All natural, self-made enzymes your body can produce should be used to fight the cancer. Commercial meat should be avoided for another reason; it has a high female sex hormone content. For commercial reasons most animals, especially beef and fowl produced in the United States have been fed large quantities of hormones. Since an overabundance of female sex hormones initiate cancer, meat of this type should be excluded from the cancer patient's diet.

After being on Metabolic Medicine's Cancer Cure Diet for 9 to 12 months, when the tumors are under control, one may gradually resume consumption of meat as long as one's metabolic type requires it. Adequate enzymes and hydrochloric acid are taken to digest the meat. (see Dr. Kelley's Self Test for the Different Metabolic Types

— Discovering Your Personal Nutritional Needs ~ available from Crystal @ 1.620.221.0370 – Cost: $25.00) If and when one does go back to eating meat, it will be extremely wise to make every effort to find a source that can provide meat, which has been produced without chemical feed, hormones, antibiotics, and pesticide residues.

Protein After 6 Months On Cancer Diet

After the first six months on Metabolic Medicine's Cancer Cure Diet the cancer patient must increase the quantity of protein in his diet. At this time not less than sixty grams of protein daily should be included in the diet. You should, of course, continue all the above approved protein, but now you may include (or increase) such proteins as those found in deep sea fish, all forms of seeds, nuts (except peanuts), nut butters, whole grains, whole grain breads, and homemade, raw (unpasturized) goats' milk yogurt and/or buttermilk.

Seeds and Sprouts

Raw seeds and sprouts are good foods for cancer patients, and may be eaten after 1:00 p.m. We freely use brown sesame, sunflower and pumpkinseeds. Many people enjoy sprouted seeds, such as alfalfa and mung beans, buckwheat, wheat and soybeans.

The most "living foods" are sprouted seeds. When seeds are soaked in water, their protective enzyme inhibitors are removed and the enzymes, which have been "asleep," become active, and in three days the nutritional values of the seeds are increased tremendously. The seeds also become much easier to digest. For the best in nutrition, be sure to eat your sprouts raw. Eat as many as you desire.

Beans

Dry beans of all types are a good source of food for the cancer patient, and may be used two or three times a week at anytime of the day. The best way we've found to prepare them is to cook them at a temperature of 200° F. We place two cups of dried beans (washed) in a bean pot to which we add five cups of RO filtered or distilled water, five garlic cloves, two tablespoons of olive oil, 1 teaspoon of sea salt or kelp, and 1/8 teaspoon of cayenne pepper. We place the pot, (covered), in an oven overnight at 200° F.

Phase II

Vegetable Juice and Fruit Juice

(Fresh and Raw)

The second most important phase of our cancer diet is that of fresh raw juices: THE BODY OF THE CANCER VICTIM MUST BE REBUILT:

The most scientific procedure is based upon the Krebs' Cycle of Human Metabolism. This SCIENTIFIC procedure was developed by

Dr. Larry Rawdon, D.Ph., N.D.,
680 East Main
Hohenwald, TN 38462
1.931.796.0007

Dr. Rawdon's Metabolic Body Repair and Rebuilding Metabolic Vegetable Juice Formula:

Daily take 100 oz. raw freshly extracted vegetable juice.

32 oz carrot juice

16 oz celery juice

16 oz apple juice

16 oz tomato juice

8 oz romaine lettuce

4 oz beet juice

4 oz cabbage juice

4 oz green bean juice

Vegetable juices are the builders of the body. Juice is better than the whole vegetable because so much energy is used to digest the whole vegetable. Juice has a proper balance of vitamins and minerals in a concentrated solution. We recommend that the juice be made fresh and used immediately. Fresh raw fruit and fruit juices are the cleansers of the body. The cancer patient may eat as much as desired of fresh raw fruit or fresh fruit juices. Small amounts of dried unsulfered fruit may also be taken.

At least one quart of carrot and one pint of celery juice should be taken each day. As much other fresh raw vegetable juice in volume may be taken as desired. One should consider alfalfa, beet, cabbage, cucumber, dandelion, endive, lettuce, parsley, potato, spinach, and turnip juice. Vegetable juices are the builders of the body. Juice is better than the whole vegetable because so much energy is used to digest the whole vegetable. Juice has a proper balance of vitamins and minerals in a concentrated solution. We recommend that the juice be made fresh and used immediately. Fresh raw fruit and fruit juices are the cleansers of the body. The cancer patient may eat as much as desired of fresh raw fruit or fresh fruit juices. Small amounts of dried unsulfered fruit may also be taken.

Fresh Fruit Salads and Raw Vegetable Salads

The cancer patient may eat, in addition to his fresh raw vegetable and fruit juices, all the fresh fruit and fresh raw salad he or she can hold. These are good for lunch or dinner meals. The body needs bulk, as it is necessary to keep the digestive tract in good working order. For at least the first eight months on Metabolic Medicine's Cancer Cure Diet, lemon should be used in preference to vinegar on salads. Unrefined, organic flaxseed oil may be used as salad dressing. Dr. N. W. Walker's books, *Fresh Vegetable and Fruit Juices* and *Diet and Salad Suggestions,* are recommended reading for every cancer patient.

PHASE III

MINERALS

Trace minerals are absolutely essential for enzyme function. No matter how skilled we are in the production of mineral supplements, minerals from foods are better utilized and balanced in unprocessed whole foods. Dr. Kelley daily uses a multi-grain porridge. Purchase from a health food store organic seeds, one pound of each grain, seed and/or nut. Mix well in a large container or clean bag. Keep in a cool (below 80 degrees) or in a refrigerator.

MULTI-GRAIN PORRIDGE

Objective

To obtain as many different nutrients as possible from as many different gene pools (seeds, grains and nuts) as possible from as many different sources (fields) as possible.

Measure equal weight of these organic foods:

Barley

Barley Flakes

Brown Sesame Seed

Buckwheat Groats

Corn Grits, Blue

Corn Grits, White

Corn Grits, Yellow

Golden Flax Seed

Kamut

Millet

Oat Groats

Rice, Brown Long Grain

Rice, Brown Short Grain

Rolled Oats

Rye Berries

Rye Flakes

Spelt Berries

Steel Cut Oats

Triticale Flakes

Wheat Flakes

Wheat, Hard Red Spring

Adding almonds, English walnuts, berries, and fruit makes a complete tasty meal.

Directions

Daily at bedtime or upon arising

A. 1/3 cup porridge - I prefer whole but it may be ground in a seed mill

B. Add 1 1/3 cup boiling water. Stir well.

C. Let soak at room temperature during the day.

D. 2 to 3 hours before evening meal heat in a double boiler (or on low in a pot) at low temperature until consistency of oatmeal**

E. For evening meal one should add fresh or frozen berries or fruit.

Options

1). Today I added 4 tablespoons of frozen pineapple juice concentrate, 1/2 cup of frozen blackberries, butter and 1/4 cup heavy cream.

2). Yesterday I added frozen raspberries, frozen grape juice concentrate, butter and heavy cream.

3). Tomorrow I will add frozen strawberries, frozen orange juice concentrate, butter and heavy cream.

4). The objective of this procedure is to obtain as many trace minerals from as many different sources as possible.

F. Sweeten with honey or frozen concentrated fruit juice to taste.

G. Add yogurt if desired.

H. One should alternate daily the berries, fruit and fruit juice concentrate. a wide variety assures a complete source of trace minerals.

I. The next morning prepare the evening multigrain portage

WARNING: The multi-grain cereal is an all important part of my program. In the past, I have provided the organic multi-grain cereal to you but I can no longer provide this service. You can however purchase as many organic grains available from your bulk grain department of your health food store and mix equal parts by weight.

All non-organic grains, are "DUSTED" and stored with anti-mold, anti-fungal and other deadly shelf-life extenders. One should make every effort to get organic grains. Dr. Kelley uses Diatomaceous Earth which is excellent for storage. The commonly used, Thimerosal, is a mercury compound that will kill you. It is made by Eli Lilly and

Co, and is used in vaccinations and prescription drugs. Since you are spending your hard earned money to buy my enzyme formulas, make sure your multi-grains are free of Enzyme Inhibitors. ` Dr. Kelley

Phase IV

Flax Seed Oil

Take two tablespoons per day of unrefined, fresh flaxseed oil for the first month of Metabolic Medicine's Cancer Cure Program, and one tablespoon per day from the second month of the program to completion. (Formula F provides Essential Fatty Acids — Essential Fatty Acids must be provided in the diet, as the human body cannot make them.)

Johanna Budwig, a German researcher, did the lion's share of the early work on flax oil and its therapeutic uses in the early 1950s. Blood samples from healthy and sick people were systematically analyzed, and the findings tabulated. According to her, blood samples from people with cancer, diabetes, and some kinds of liver disease consistently lacked Essential Fatty Acids (EFAs). She claims that blood from people with other diseases did not show this severe deficiency and that healthy people's blood always contained EFAs. If cancer is a deficiency disease brought on by lack of EFAs, she reasoned, a diet high in EFAs should alleviate at least some of the cancer patients' problems.

Unrefined Flaxseed oil, in practice, inhibits tumor growth and is useful in the natural treatment of cancer. EFAs, from refined oil, on the other hand, help promote tumor growth (due to trans-fats present in *all* American commercial vegetable oil). *All* oils except unrefined, fresh olive and flaxseed oil are forbidden on Metabolic Medicine's Cancer Cure Diet.

Note: Fat that has not been heated above 96° F. in the form of unsalted raw butter, raw eggs, raw cream, the fat in and on raw meats, no-salt-added raw cheeses, avocados, fresh coconut and stone-pressed olive oil is acceptable on Metabolic Medicine's Cancer Cure Diet. These fats are the easiest to digest, assimilate, and utilize and aid the body in binding with toxins and carrying them to the bowels and out of the body.

Golden Rule of Metabolic Medicine's Cancer Cure Diet

The Golden Rule of Metabolic Medicine's Cancer Cure Diet is: "Take nothing into the body that has been cooked or processed except items mentioned." Eat no "Processed" food for the first six months of Metabolic Medicine's Cancer Cure Program.

The juicer is the most important appliance in the kitchen of a cancer patient. If necessary sell the stove and buy a good juicer.

The enzymes in foods that have been cooked have been destroyed or changed into a different compound (amino acid). Cooked food can only be used as food and not as enzymes, for it has no life. For example, if you plant a raw potato it will grow. If you boil a potato and plant it, it will not grow it will rot. Many enzymes are destroyed at 107° F. and almost all are destroyed at 140° F.

When a person eats anything processed he or she is not only eating "dead food" (those in which the enzymes have been destroyed), but he or she is adding a second very destructive force to his body, the destructive force of food preservatives. This may not be too significant for a normal healthy person, but for the cancer patient it may mean life or death. The liver must detoxify, destroy, or metabolize all foreign substances from the body. When one eats foods with preservatives, it adds an extra burden upon the liver, which the cancer patient cannot accept.

Milk

The cancer patient must give up pasteurized cows' milk forever, except in the form of raw (unpasteurized), homemade yogurt, and for a while must avoid raw milk too, except raw (unpasteurized) goats' milk. Cows' milk, like meat, has too high a protein content and pasteurization compounds the problem as it alters or mutates the protein. Pasteurized cows' milk requires too many pancreatic enzymes for digestion.

Also, an animal cannot produce milk unless the female sex hormones are present in extra large quantities; this causes too many hormones in milk for the person who has cancer.

But if raw goats' milk is available, it is advisable to take 4 to 8 ounces of raw (unpasteurized), homemade goats' milk (goats' milk is similar to humans' milk) yogurt each morning for breakfast. This will supply the intestines with adequate helpful bacteria. This is acceptable because the yogurt bacteria predigest the milk protein when added to it.

After following this diet for 9 to 12 months and if raw goats' or cows' milk is available. 9 to 12 ounces per day may be taken at any time during the day.

Peanuts

The cancer patient will also want to give up peanuts. First, the peanut is not a nut, but a legume. Second, the peanut also has too much protein for the cancer patient. Third, it has been found that a fungus grows on peanuts, which produces aflatoxin. To stimulate cancers in experimental animals cancer researchers use aflatoxin.

Processed Foods

White Flour

All concentrated foods are extremely hard on the liver and should be given up. White flour and all products containing white flour should be avoided. These are not only concentrated carbohydrates, but almost always have preservatives added.

Use fresh whole wheat bread, made from wheat grown free of all pesticides (another liver destroying chemical). The essential vitamins are oxidized within three days at room temperature; hence the need for grinding only as used. Freshly ground flour or freshly made whole wheat bread may be safely stored deep in a deep freeze for about a week. It is best, however, to use it within three days.

White Sugar

The cancer patient will also want to give up all white sugar and white sugar products. The concentrated carbohydrates are hard on the liver, but more important in relation to cancer, they are very hard on the pancreas. The pancreas, as noted earlier, is the first organ to be protected at all costs. White sugar has been processed (refined) and all the vital minerals are taken out. Cancer patients are always deficient in minerals.

For those who have a sweet tooth, these organic foods may be eaten as desired: dates, date sugar, figs and raisins obtained from a health food store. These are free of toxic pesticides and are not harmful to the pancreas or the liver. A cancer patient may also eat pure maple syrup or unheated honey, in that order. The first is preferable because it has a higher mineral content.

Soy Products

Soy products, except Lecithin, should be used very sparingly for two reasons: First, the protein content is too high for the cancer patient; Second, soy products tend to upset the delicate acid/alkaline balance of the body. Eating soy products may be resumed when Dr. Kelley's Pancreas Self-Examination Procedure is negative

Other Improper Foods

Lemon juice should replace vinegar altogether. Vinegar is too harsh on the delicate mucus membrane of the alimentary canal. Also, the ingestion of large quantities of vinegar causes the digestive tract to become too acid and thus decreases the efficiency of the pancreatic enzymes and the digestive processes. For at least the first eight months on Metabolic Medicine's Cancer Cure Program, lemon juice should be used in preference to vinegar on salads. Unrefined, organic flaxseed oil may be used as salad dressing

For the period of intensive detoxification and treatment, tea, coffee, soft drinks, chocolate, liquor, tobacco, pork, and white rice should be avoided. These also place additional stress upon the liver and pancreas as they are being detoxified.

Physiological Reactions to Eating and Taking Supplements According to Your Metabolic Type

As you follow a properly balanced nutritional program, changes begin to happen within your body. Often this is alarming and not at all what you expected to happen.

The Ideal Reaction

The ideal reaction is the gradual development of an increased "sense of well-being." At first you will notice you do not tire so easily. You "last" longer during the day, and you do not become tired so early in the evening. Next, you find you are not so tired in the mornings. You look forward to the new day and may awaken earlier. As your sense of well-being increases, you begin to feel more emotionally and psychologically secure. Little things do not bother you as they once did. Your old habit patterns begin to change from "grumpy" ones to "happy" ones.

Adverse Reactions

The ideal reaction often occurs, but more frequently there is a multitude of uncomfortable reactions, which normally come first, as your body chemistry begins to change. These reactions should not alarm you or cause undue apprehension. Any one or all of the following reactions may occur:

Toxic Reactions

After about two or three of weeks eating and taking supplements according to your metabolic type it is normal to experience toxic reactions. You will gradually lose your appetite, become nauseated and may even develop a "toxic headache." Occasionally, you may also experience swelling in the various lymph glands throughout your body. The normal cells cleaning debris from the system faster than the liver, kidneys, skin and lungs can remove them from the body bring about these toxic reactions. At this point you can do two things to help:

1. Discontinue the supplements for no more than a five-day period. Continue the supplements again for ten to 25 days. This cycle of five days off and ten or more days on may have to be repeated several times, depending upon the depleted condition of your body and the amount of repair which is needed at the cellular level.

2. Take a coffee enema to stimulate the excretion of toxins. The procedure for this is explained earlier in this book. One or two a day may be taken depending upon the severity of the toxic condition. In an extreme toxic reaction, both the discontinuance of supplements and the coffee enema should be used.

6

Structural & Neurological Stimulation

**While the body is being properly detoxified and nourished,
the nerve supply to the pancreas and liver should be considered.**

Structural and Neurological Stimulation

While the body is being properly detoxified and nourished, the nerve supply to the pancreas and liver should be considered.

A specific organ works only when told to by a nerve, chemical, or pressure stimulation. Upon taking careful histories, we found a number of cancer patients who had had blows to the head or spine. We feel that such experiences change the nerve impulses to the various organs. If pressure on a nerve to the pancreas causes it to cease sending impulses to the pancreas, the pancreas will turn off and wait until the nerve tells it to work again. If the nerve is destroyed, or for some reason never sends a message, the pancreatic function will be greatly impaired.

Probably the best way to reactivate the nerve enervation is through some form of manipulative therapy such as osteopathic manipulation, chiropractic adjustments, or physiotherapy. We have found it advisable to have such a weekly manipulative treatment, for at least the first nine months of cancer treatment. The regular body massage that people are familiar with are not a good but also helpful.

Neurological stimulation can sometimes be increased or simulated by hormone therapy, but this technique must be performed under the direction of a very highly skilled clinician.

There are a group of dentists who use a method called Mandibular Equilibration Temporomandibular Joint (TMJ) equilibration to re-shape the skull, take stresses from the brain, and in this way effect very profound neurological changes.

The following are brief descriptions of a few highly successful body-aligning systems.

Temporomandibular Joint (TMJ) Equilibration

Temporomandibular Joint is such a mouthful that dentists like to use just the initials. It is the name of the joint just in front of the ear where the lower jaw hinges.

There is one on the right side, and one on the left. When one or both of them are forced out of place it may lead to such distressing or painful conditions as earache, headache, head noises, clicking sounds, dizziness, nervousness and even mental troubles.

For such ailments as these, doctors may prescribe hot and cold packs, diathermy, massage vibration, rest, surgery, psychological treatment or drugs. While all of these remedies are useful at times, they often do not bring permanent relief if stress in the joint is the real cause of the trouble.

When the cause is stress in this joint in front of the ear, as it often is, a safe and highly successful dental treatment may be the solution. This treatment is known as "equilibration" (pronounced ee-quil-i-bray-shun); it simply means equalizing the muscle forces to restore the lower jaw and its joints to their normal unstrained or neutral positions.

How do the joints get out of adjustment in the first place? It might be from a blow on the chin, a muscle spasm, or opening the jaw too wide (as when biting or yawning). But the most common is chewing with teeth that come together in a wrong way.

Dentists refer to this condition as "malocclusion."

We close our jaws in chewing food, of course — and most persons also press their teeth together one or two thousand times a day between meals in swallowing. If the teeth do not meet properly, the pressures on them during chewing and swallowing may force the lower jaw into a strained position that pinches the joints in front of the ears.

If you could see through the skin and get a side view of the TMJ, you would see how the mandible, or lower jaw, hinges to the skull. The joint consists of a ball-and-socket arrangement, with the ball being a rounded mass of bone in the back part of the lower jaw that fits into a socket at the base of the skull. When you open and close your jaw, this "ball" rotates in its socket, and — if the teeth push the jaw too far in any direction — the soft tissues between the bones are pinched.

One trouble that sometimes follows this pinching is a slow loss of hearing, says one authority on TMJ disorders. He cites the case of a man who was losing his hearing and had been wearing a hearing aid for two years before he learned of equilibration. He had not noticed any discomfort at the joints in front of his ears, nor that his teeth were not meeting properly, but suspected that his teeth might somehow be causing stress. Se he went to his dentist, who made the necessary changes on the chewing surfaces of his teeth. Three days later, the patient's hearing had improved to such an extent that he discarded his hearing aid. He has not needed it since. That was nine years ago, and his hearing is still good.

Not all patients respond so quickly nor so completely as that, of course, and there are many other causes of deafness, the authority points out — but pressure at the TMJ should not be overlooked.

Besides hearing trouble, this authority says, stress in the TMJ can cause neuralgia, stiff neck, running ears and itching ears. He tells of a woman who suffered from itching ears so much that in company she often had to excuse herself from the room to scratch her ears. X-ray pictures showed both Temporomandibular joints to be out of normal adjustment. After her dentist corrected the chewing surfaces of her teeth, the itching gradually left. (X-ray pictures showed that the joints are now in proper adjustment.)

It is not uncommon for stress in the TMJ to bring on head noises. A patient who wore artificial dentures in which the teeth were out of adjustment, forcing the left side of his jaw backward until the joint on that side was under considerable stress, experienced almost immediate relief from roaring sounds in his ears after being treated by his dentist. This was several years ago, and the roaring sound has not returned.

Although the connection between stress in the TMJ and the troubles cited is not fully understood, it is known that there is a connection, because when the condition in the joint is corrected the troubles often disappear.

How does the dentist restore the joints to a normal condition of equilibrium? As part of the treatment he may change the slopes of the natural or artificial teeth, or make the teeth higher or lower to bring the chewing muscles into proper working relationship. Sometimes he reduces pressure on the front teeth so that the chewing forces fall more on the back teeth. (If the ball parts of the lower jaw have been pushed too far up into their sockets, this “pivoting” allows them to settle down again into their normal relaxed positions.)

As the TMJ authority notes, one advantage of equilibration treatment is that it can be done in the dental office and, in many instances, saves the patient from the more radical treatments of surgery or the injection of chemicals into the joints. Quite often, in fact, equilibration is the only treatment needed.

As with other treatment, preventing trouble is an important aim of TMJ diagnosis. Because TMJ stress sometimes builds up gradually, with the patient suffering no inconvenience at first, the lower jaw and its joints are often checked for equilibrium to prevent trouble.

Dentists, Physicians Team Up To Treat TMJ Disorders

Dentists and physicians all over the world are teaming up for diagnosis and treatment of TMJ disorders. (One physician-dentist reported improvement in over 85% of more than 1,000 patients treated with pivoting; another physician-dentist team reported that 52 of 54 patients obtained relief from dizziness after equilibration.)

In 1955 many dentists and physicians from the U.S. and abroad organized as the American Equilibration Society to further more intensive study of the TMJ and related structures.

CranioSacral Therapy

This is a very gentle, non-invasive hands-on approach that focuses on the craniosacral system of the body. This system consists of the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. It extends from the bones of the skull, face and mouth — which make up the cranium — down to the sacrum, or tailbone.

This system has been effective in evaluating and treating problems associated with pain and dysfunction, lowered vitality, and recurring infections. The light touch employed in this approach encourages your own natural mechanisms to improve the functioning of your brain and spinal cord, to dissipate the negative effects of stress and to enhance your general health and resistance to disease.

Craniosacral therapy by Osteopaths, Chiropractors and Dentists has proven to help people who complain of ringing in the ears (tinnitus) and some forms of hearing loss.

Many have asked Dr. Kelley this question:

“I have a friend losing the lung cancer battle. Does your program help those in later states of cancer? Chemotherapy and radiation have not worked for him.”

Dr. Kelley’s answer:

There is only one solution to any cancer.— The Kelley Metabolic Program. In reviewing the medical literature today from 1889 it has been well established, “there is no cure for cancer after it has been interfered with. All cancer reacts by increased growth to any injury mechanical or surgical, chemical, or thermal.” The 1985 Memorial Sloan-Kettering Review of several thousands of my patients stated that “cure rate of the Kelley Program was only 93% after the physicians had used Surgery, Chemotherapy and Radiation” Of course this is the highest “cure rate” in medical history. Exception was “pancreatic cancer” at a 100% “cure rate”.

The denial of the KELLEY METABOLIC CANCER CURE PROGRAM is the denial of truth and all known scientific proven understanding. This denial is common among the Orthodox and Alternative medical communities. “Cure” is not in their vocabulary; only “treatment” and "remission" for financial gain. Cancer victims are “expendable as in experimental animals.”

Should you or your friends, at this late terminal stage, choose to use our program, and can follow the PROGRAM exactly for six months, there is a possibility for help. There is nothing else that offers the remote possibility of success.

Spiritual Attitude

If your cancer has taught you spiritual truth, you have gained much.

If your cancer has caused you to stop, think, pray, and know God better, it has been a blessing to you.

If your cancer has caused you to realize the importance and magnificence of this temple wherein your soul dwells, you have been doubly blessed.

If your cancer has caused you to look within and ask the Christ to dwell within you, you have been thrice blessed.

Often physical infirmities come to us for such a purpose. This was true in my own case. The still, small voice within spoke out to guide and teach this Child of God.

Not all who have cancer will overcome the condition. Many will not believe that such a simple treatment will work. Many will not have the opportunity to hear about and try the procedure. Many will come too late with a temple (body) too weak to respond. But, I pray with all of you my friends, that you will learn a beautiful lesson and learn it well. I did.

Each of God's children is in an experience in their school (earth) each doing the very best he or she can. Jesus said, "Judge not, that ye be not judged" (7 Matthew 1); "This is my commandment, that ye love one another, as I have loved you." (15 John 12).

If your cancer has taught you spiritual truth, you have gained much. I pray with you and for you that at this point you have come to the realization that your spiritual decision to get well or not to get well is your own responsibility. If you decide to go home early, rejoice, for the Father prepares a place for you. Those of you who have loved ones, who have made this decision, rejoice with them and send them on their way into God's care.

If you decide to stay in school a little longer, this is also good and it should now be easier. If you are to operate as a perfect being, in perfect health, then you must have a perfect attitude. You must become aware of the spiritual power within that is greater than you, the still, small voice within.

If you are of the many millions of people who have been told that you have cancer and that your days are numbered, then it is you who must be interested enough to seek out the truth of your condition. You have read many things in this treatise, which bring new thinking to a very old disease.

Since we are dealing with the metabolic approach to cancer, we must consider not only the physical, but also the mental and spiritual laws of God. We need help from those around us as well as the God power within to reverse our thinking, and attain that balance which creates a healthy physical being.

As stated in previous chapters, half measures will avail you nothing. You are at the point where you must ask God for guidance. These are the steps, which are suggested as a method of spiritual recovery:

1. Accept the fact that you are afflicted with a symptom (malignant cancer) and that recovery is possible.
2. Establish a faith in a power greater than yourself and know that with His help you can regain health and harmony.
3. Make the decision to turn your will and your life over to the care of God.
4. Conduct a complete self-analysis to better understand your own emotions.
5. Admit to God, to yourself, and to others the exact nature of what you find to be your shortcomings.
6. Be willing to give up what you are doing wrong.
7. Seek through prayer to improve your conscious contact with God. Pray only for knowledge of His will for you and the strength to carry that out.

Having had a spiritual awakening as a result of this action, practice these principles in your every thought. Just as the body must be purged and cleansed, so must the emotions and spirit be purified. This is a comparatively simple task to accomplish, but do not lull yourself into believing that it is an easy task. Rigorous self-discipline and the ability to grasp and develop a manner of living with complete honesty in all of your actions and thought are necessary. You must become strong willed to be a winner in accomplishing that which you set out to do for yourself. You will look for all the good in everything and refuse to accept any negation.

STOP! LISTEN!

Listen with your heart
He's been knocking softly
Just ask Him to come in

He made you
He loves you
He's always been there

He is the truth
He not only has
The answers He is the
Answer for you

The Lord is the Light
Through Him you'll
see the Father

He's knocking
He's knocking
Just let Him come in
and His gift to you
Will be Heaven

Mrs. John Mark (Dei) Kelley

Body Detoxification

8

Before any disease can be cured,
the waste products and impurities must be cleansed from the body.

The sooner this is done, the sooner the body can begin repairing itself.

Body Detoxification

In reality, a person very rarely dies of cancer. It is always starvation and toxicity. As the malignant tumor grows it gives off waste products, which must be eliminated through the colon, liver, kidneys, lungs and skin. These waste products accumulate and gradually overburden the body. Most persons then die of toxemia.

Before any disease can be cured, the waste products and impurities must be cleansed from the body. The sooner this is done, the sooner the body can begin repairing itself.

Dr. Kelley recommends that you begin the detoxification process even before you have the nutritional supplements in your possession. It is absolutely imperative that the patient carefully follows the detoxification process after the supplements begin stimulating the release of wastes and debris.

Scientists have calculated that a person has between 70 and 100 trillion cells in his or her body. This means we have over 70 trillion “garbage cans” needing to be emptied. In our culture we have not made allowances for, nor taught ourselves, the proper techniques of emptying these waste receptacles. It is no wonder that the people of our nation are so sick! Proper and thorough detoxification is just as important as good nutrition for anyone who has lived in the mainstream of a modern technological civilization for 10 or more years, and especially for anyone who has developed symptoms of a chronic degenerative disease.

The intensive program of concentrated nutrients outlined in this book will begin to make nutritional factors available to the cells, which they may not have had for many years. Consequently, cellular metabolism will speed up and an increased amount of metabolic waste will be dumped into the bloodstream. Most people’s organs of elimination do not function well enough to handle this increase in waste. If it accumulates in the bloodstream, one will not feel well and the cells will not be able to utilize the fresh nutrients being provided by the nutritional program.

When one eats food, it is digested in the mouth, stomach, and intestinal tract. In the intestinal tract, the digested food is absorbed into the bloodstream, which takes it close to each individual cell. The food, along with oxygen, is transferred into the cell. In the cell, nutrients are metabolized into energy, carbon dioxide, water, and waste products of metabolism. It is the accumulation of these wastes, which frequently interferes with normal functions of the cells.

Principal factors necessary for a pure bloodstream are pure air, pure water, pure food, and the presence of oxygen brought in by exercise appropriate to your cardiovascular capacity.

As the cells produce metabolic debris, the blood carries it to the organs of detoxification. These organs are the liver, kidneys, lungs, skin, many of the mucous membranes, and the colon. If these organs of detoxification are themselves filled with debris, they of course cannot accept any more toxins. In such a case, the blood cannot accept further debris from the cells and, before long, there are 70 to 100 trillion garbage cans completely full.

It is like the city dump being filled to capacity and not accepting any more garbage trucks. Then one's home becomes overloaded with garbage, which shortly interferes with normal functions of one's household. Before long, the entire community has become bogged down. "Clean blood" then, acting as a highway for the garbage trucks, is dependent upon the organs of detoxification.

The Master Gland of Detoxification

The liver is the major organ of detoxification, and also the most stressed by our modern lifestyle. One cannot live long without the heart, brain, kidneys, or pancreas, yet it is proper liver function, which prevents these organs from becoming diseased. Here, in addition to metabolic wastes, is where environmental contamination, food additives, and all other chemical pollutants are removed from the body.

You should be just as much or more concerned about the condition of your liver as about the condition of your heart. If you have had hepatitis, cirrhosis of the liver, infectious mononucleosis, or other liver damage, you should become very protective of this vital organ. The intake of anything that places undue stress on the liver should be eliminated entirely.

Such a list would include: chemicals of any kind; drugs; synthetic foods; artificial food additives, such as flavorings, colorings, preservatives, emulsifiers, stabilizers, sweeteners; alcoholic beverages; carbonated beverages; hair sprays; chemical deodorants; and reheated vegetable oils used in frying, commercial pastries, and most fast foods. (Unrefined oils, or butter for sautéing, can be used without creating peroxides and free radicals, which are toxic to the liver.)

Major functions of this incredibly complex organ include:

- Metabolizing essential fats (cholesterol, triglycerides, lipoproteins) and thus preventing their accumulation in the bloodstream where they often form deposits on blood vessel walls (atherosclerosis).
- Synthesizing the bulk of necessary blood proteins.
- Breaking down and eliminating most drugs and environmental poisons.
- Secreting a fluid (bile) which stores in the gall bladder or the enlarged bile duct and empties into the small intestine.

The bile acts as a carrier for all liver wastes. It is also essential for the proper digestion and assimilation of fats and all fat-soluble nutrients such as vitamins A, D, E, K, lecithin, and essential fatty acids. The gall bladder is a hollow muscular organ which stores and concentrates bile and is attached to the undersurface of the liver.

When a meal is eaten, especially if it contains some fats or oils, the gall bladder is stimulated to contract and should freely expel its contents into the small intestine to emulsify fatty nutrients for proper absorption, and to allow poisonous wastes which the liver has removed from the body to be eliminated through the intestines.

Liver Congestion

Many people living in our society today, even those in their teens, fail to have free, unobstructed flow of bile from the liver and gall bladder in response to food entering the small intestine. Eating refined or processed foods, eating fresh food which is mineral deficient because it is grown on depleted or chemically treated soil, lack of regular vigorous exercise, stress, multiple distractions during meals, and many other unnatural aspects of our lifestyle have combined to alter the chemistry of bile so that formation of solid particles from bile components is a commonplace occurrence among Americans.

These solid particles remain in the gall bladder or the base of the liver for many years and become progressively harder, sometimes calcifying into “gallstones.” Long before this occurs, however, metabolic problems are under way. When a significant number of solid bile particles accumulate, the free flow of the gallbladder is diminished, causing progressive stagnation and congestion of the liver. The body begins to suffer the effects of poor assimilation of fat-soluble nutrients, which may play a role in the development of eczema, psoriasis, dry skin, falling hair, tendonitis, night blindness, accumulation of calcium in tissues, and sometimes prostate enlargement in men. Hemorrhoids due to blockage of the portal vein draining the liver are often the result of this congestion.

The Liver-Gallbladder Flush

The importance of cleansing the debris from the liver and gall bladder, thus keeping the bile free flowing, cannot be overemphasized. This can be effectively accomplished by doing the Liver-Gall Bladder Flush (a form of which at one time was widely used at the world famous Lahey Clinic in Boston, MA), which is necessary even if one has had their gall bladder removed. The four basic active principles in this procedure are:

A. Apple juice (high in malic acid) and ortho-phosphoric acid, which acts as a solvent in the bile to weaken adhesions between solid globules.

B. Epsom salt (magnesium sulfate), taken by mouth and enema, which allows magnesium to be absorbed into the bloodstream, relaxing smooth muscles. Large solid particles which otherwise might create spasms are able to pass through a relaxed bile duct.

C. Olive oil, unrefined, which stimulates the gall bladder and bile duct to contract powerfully, thus expelling solid particles kept in storage for years.

D. Coffee enemas, which consist of a coffee solution retained in the colon. They activate the liver to secrete its waste into the bile, enhancing bile flow and further relaxing the bile duct muscle.

The Liver-Gall Bladder Flush is one of the most important procedures for persons over 15 years of age. If one is above 15 years of age and his or her physician gives approval, he or she should do this the first week of Metabolic Medicine's Cancer Cure Program, and should, with his or her physician's approval, repeat it every 2 months. The steps in doing this are not difficult and are as follows:

For 5 days prior to the "Flush," consume as much apple juice or cider as the appetite permits, in addition to regular meals. You may add a total of 90 drops of Phos-A per quart of apple juice or cider each day. Nutritional supplements should also be taken during this time. The first preference for juice would be freshly juiced organic apples, and secondly, apple juice or cider (unsweetened and preferably organic if possible) purchased either from the health food or grocery store. A person should be sure to read the labels carefully and obtain a juice that has no additives whatsoever.

If one is a severe hypoglycemic, is diabetic, or has difficulty tolerating the juice or cider, he or she may take 20 drops of Phos-A with each meal (90 drops daily) in water or some type of juice other than apple. Due to the high acidity, it is wise that one brush his teeth or rinse out his mouth with Milk of Magnesia or baking soda solution after taking the ortho-phosphoric acid.

At noon on the sixth day, one should eat a normal lunch. Two hours after lunch, 1 or 2 tablespoons of Epsom salt (magnesium sulfate) dissolved in 1 to 3 ounces of warm filtered, distilled, reverse osmosis water should be taken. The taste may be objectionable to some. If so, the mixture can be followed by a little citrus juice if desired (freshly squeezed if possible).

1. Four hours after lunch, one should take a 1-quart coffee enema with one-fourth (1/4) cup of Epsom salt dissolved in it. This should be retained for 15 minutes and expelled. The coffee should be made as strong as one can tolerate but no stronger than 6 tablespoons of ground coffee per quart of water.

2. Five hours after lunch take 1 tablespoon of Epsom salt, dissolved as the previous dose (Step 3).

3. Six or seven hours after lunch, one may fast if desired. However, it is preferable to have a fresh fruit salad with shipped cream, using as many fresh fruits or berries in season as possible. The whipped cream is necessary to cause gall bladder contractions. Use heavy, unpasteurized whipping cream as a dressing on the salad, whipped with a little raw (unheated) honey if desired. One can eat as much as desired of the whipped-cream-covered salad. If fresh fruit is unavailable, frozen berries such as strawberries, blueberries, boysenberries, blackberries, raspberries, etc. can be used. These should also be covered with whipped cream and a large portion eaten. Take citrus fruit or juice after the cream and fruit meal, if desired. For hypoglycemics, the cream should balance the fruit. However, each hypoglycemic should adjust the amount of salad eaten to his individual tolerance.

4. At bedtime, there can be 1 of 3 choices (**Note:** Olive oil stimulates the gall bladder and bile duct to contract powerfully, thus expelling solid particles kept in storage for years. All juice should be freshly squeezed if possible):

   A. Take one-half (1/2) cup of unrefined olive oil or 6 tablespoons of Formula F followed by a small amount of orange, grapefruit, or lemon juice if the oil taste is objectionable.

   B. Take one-half (1/2) cup of unrefined olive oil or 6 tablespoons of Formula F blended with one-half (1/2) cup of orange, grapefruit, or diluted lemon juice.

   C. Take 4 tablespoons of unrefined olive oil or 4 tablespoons of Formula F followed by 1 tablespoon of citrus juice every 30 minutes until 6 ounces of oil have been consumed. This choice is preferable for those who are unusually weak or who have had gall bladder problems in the past. It has been found helpful to rinse the mouth with an alcohol base drink like Sherry to cut out the residue of the oil taste. If an alcohol base drink is unobtainable, try a natural carbonated drink, or club soda. (**Do not swallow** the alcohol drink or the carbonated drink.)

D. (**Note:** If one should vomit during the consumption of the oil and juice, the procedure should be continued until it is finished. It is not necessary to make up for the amount that was vomited. Nausea felt during this process usually indicates stimulation of the gall bladder and/or liver.)

5. Immediately upon finishing the oil and juice (or while taking it), one should go to bed and lie on the right side with the right knee drawn up toward the chin for 30 minutes before going to sleep. This encourages the oil to drain from the stomach, helping contents of the gall bladder and/or liver to move into the small intestine.

6. If one feels quite ill during the night, another strong coffee enema with one-fourth (1/4) cup of Epsom salt dissolved in it may be taken.

7. If there is a strong feeling of nausea the following morning, one should try to remain in bed until it subsides somewhat. Vomiting should not be forced.

8. Upon arising, one must take another strong coffee enema with Epsom salt in it or, 1 hour before breakfast, take 1 tablespoon of Epsom salt dissolved in 1 to 3 ounces of warm distilled or filtered water.

9. If one continues to feel nauseous or very sore in the upper abdomen even after the enema, a light diet of sprouts, fruit (raw or steamed), yogurt or kefir, and freshly extracted vegetable juices (especially with beet greens in them) should be resumed. If one finds that the Metabolic Formulas cause discomfort immediately after the flush, they may be omitted for three days.

Helpful Hints

1. Taking one hydrochloric acid tablet at bedtime will help reduce any nausea during the night.

2. If you have a tendency to get nauseated from the oil, take 2 tablespoons of Aloe Vera juice after your doses of oil and citrus juice.

3. Placing a hot water bottle over the liver area (under the right ribcage) during the night also helps relieve nausea.

Note: One should not be frightened by the above references to nausea, vomiting, soreness of the abdomen, etc. Chances are that the symptoms won't be severe enough to cause vomiting or soreness of the abdomen, as this happens only very rarely. Many people complete this procedure with minimal discomfort, and nearly everyone feels much better after completing it. Flushing the liver and gall bladder in the manner described (if the gall bladder is present) stimulates and cleans these organs as no other process does.

Oftentimes, persons suffering for years from gallstones, lack of appetite, biliousness, backaches, nausea, and a host of other complaints will find gallstone-type objects in the stool the day following the flush. These objects are light to dark green in color, very irregular in shape, gelatinous in texture, and of sizes varying from "grape seed" size to "cherry" size. If there seems to be a large number of these objects in the stool, the flush should be repeated in 2 weeks.

Fasting

After The Liver-Gall Bladder Flush a fast may be started. The fast should last one or two days. We are now giving the body a rest and an opportunity to cleanse itself of much waste on the individual cell level. Each day of the fast one quart of fresh carrot juice and one pint of celery juice should be taken, along with all the distilled or filtered water desired. It is best to dilute the fresh juice with equal parts of water.

It is important to remember that unless sufficient fluids are taken the poisons become concentrated and are not eliminated in the natural way.

Cleansing The Small Intestine

If there were only one kind of pill that would help everybody, the cancer patient or otherwise, it would be "Okra-Pepsin-E3" made by Standard Process, Inc. It would probably do the nation's health more good than any other one pill. It digests the mucus that coats the walls of many people's small intestine. Certain foods, such as pasteurized milk and many cooked foods, cause the mucus buildup on the wall of the small intestine (raw foods do not cause this mucus buildup). The mucus coats the Villi on the wall of the small intestine. The Villi are like tiny fingers that stick out from the intestinal wall to absorb nutrients from the digested food, which is primarily liquid. The mucus on the Villi blocks the absorption of nutrients from the food. Sometimes the mucus gets so thick and tough it is almost like a plastic film. Almost no nutrition can get through to the body. A person with a severe mucus buildup could take

$1,000.00 worth of supplements a month along with a good diet and still get almost no nutritional value from them. He or she would be starving and therefore would want to eat more food including protein. That would lead to more of the pancreatic enzymes being used to digest the protein even though it could not be properly absorbed. When all the pancreatic enzymes are used up, there are none left in the blood to destroy cancer cells.

The okra is a very sticky, gooey, vegetable material. It tends to stick the pepsin enzyme to the mucus on the intestinal wall long enough to digest some of the mucus. The E-3 is a powerful tissue repair factor. It was originally developed for the patient with stomach ulcers or colitis.

If the capsules are taken for a few days to several weeks, one after each meal (reduce the amount of capsules if diarrhea occurs), the mucus will gradually be digested. The blood can then receive more nutrients from the food, even if it is from a poor diet. Then, once a year, take the Okra-Pepsin-E3 capsules again for a few days or a week to keep the mucus from building back up.

The mucus blockage varies with different people. Sometimes it blocks minerals and larger molecules only, while in other people it partially blocks all nutrients.

While taking the Okra-Pepsin-E3 capsules people who have heavily mucus-coated intestines might find mucus coming out with their stool, convoluted like the intestines. Dr. Kelley has had people who have been taking the capsules call him to say that they think they have just passed their intestines and what should they do? (He assures them it wasn’t their intestines; it was ropes — or tubes — of mucus!)

One 37-year-old patient called Dr. Kelley to report that the Okra-Pepsin-E3 capsules worked a miracle by relieving reoccurring pain that she had suffered with for years. (The pain would come and go apparently without cause and felt like bricks were pressing against her internal organs and lower back and at the same time her right side and leg would feel numb.) On the morning of the eighth day, after taking one Okra-Pepsin-E3 capsule with each meal for a week, she spent 45 minutes sweating, straining and pushing to have a bowel movement, and when it finally came out she could hardly believe what she saw — long, intertwined black ropes (or collapsed tubes) of mucus filled the toilet! She feels lighter now and hasn’t had the pain since that day. (After this bowel movement and the disappearance of her pain she realized that there must have been a connection to eating a large meal and the pain — food passing through the intestine would push the mucus-coated intestine onto nerves, which caused the pain and numbness.)

The Okra-Pepsin-E3 is indicated for both underweight and overweight people. In both cases nutrients are not being absorbed. Even if they are taking enzymes to digest the food they eat, they absorb only the smaller carbohydrate molecules while the larger protein molecules are blocked. In underweight people the carbohydrates are used efficiently (burned for energy, not turned into fat), but the person becomes thin as they lose muscle mass from lack of protein absorption. In overweight people the carbohydrates are not used efficiently (they are turned into fat), and this causes the person to become overweight as they also lose muscle mass.

Metamucil™ (Psyllium husks), one or two tablespoons daily, mixed with water or juice, may be taken to sweep the mucus out of the colon once it is broken down by the pepsin in the Comfort capsules.

Cleansing The Colon

The Coffee Enema

A high, retention enema, using coffee, should be taken to aid in the elimination of toxic waste material from the body. The coffee enema should be taken daily for as long as one is on Metabolic Medicine's Cancer Cure Program. After 42 years, Dr. Kelley still takes his daily enema.

The coffee enema is very stimulating to the liver and is the greatest aid in elimination of the liver's toxic wastes.

The coffee enema, besides stimulating liver detoxification, also has beneficial effects in cleaning the colon. Coffee is an excellent solvent for encrusted waste accumulated along the walls of the colon. The caffeine also directly stimulates the peristaltic muscle to contract more powerfully and loosen such deposits, which are occasionally visible as hard, black material and "ropes" of mucus. Gradually, as the protein metabolism of the body improves, the muscle tone of the bowel becomes normal and thorough evacuation is possible without the aid of the enema.

Essentially, the coffee enemas help the liver perform a task for which it was not designed — that of elimination in 1 or 2 years the accumulated wastes from many years of living in ignorance of the laws of nature.

At first, most people dislike enemas and have psychological barriers against them. Ignorance of the purpose and function of the enema, as well as misunderstanding of the proper procedure for taking it bring about this aversion. I have observed, however, that the persons most opposed to enemas soon reverse their prejudices and become the most avid supporters of them! In many cases, the enema relieves distress and gives a sense of well being and cleanliness never before experienced. The proper removal of toxins and debris from the colon is absolutely essential in all conditions of disease and ill health.

It is most desirable to take the coffee enema early in the morning and it may be repeated again in early afternoon and/or evening, depending upon the toxic condition of the body. Enemas using coffee in the afternoon or evening may interfere with sound sleep. If enemas are needed at these times, many patients prefer to use only warm pure water omitting the coffee. But it is better to take coffee at these times also, and a weaker solution to permit sleep would be better than not using coffee at all.

Organic Coffee For The Coffee Enema

Many people prefer to use organic coffee for their enemas. One researcher in Canada has produced and developed a special, effective blend of organic coffee beans from different parts of the world that produce a very effective coffee enema.

How To Make A Coffee Enema

1. Just before bedtime each day, make a pot of coffee (1 quart). Unplug coffeepot and allow to cool to room temperature.

2. It is best to arise early enough each morning to allow time to take the enema in a relaxed, unhurried state.

3. The coffee must be regular, non-instant, non-decaffeinated coffee. It must be prepared in enamelware, Corning Ware™, glass or stainless steel, or by the tricolator filter method. Aluminum or Teflon should not be used at any time! We have found the coffee that is unbilled or prepared via the "drip method" is preferable. Use 3 to 4 tablespoons of ground coffee to 1 quart of warm filtered, distilled, reverse osmosis water should be used.

4. Avoidance of city water supplies (always chlorinated, which has been strongly linked to hardening of the arteries, and often fluoridated, which has been strongly linked to cancer and thyroid disease) is most essential to removing stress from the kidneys. Any water that enters the body should be from filtered, distilled, reverse osmosis should be used. one of these sources.

This water should be used for cooking and drinking, and even for preparing enemas, since a significant portion of the enema water may be absorbed and filtered through the kidneys. Even if one has a well, it should not be assumed safe. Often toxic amounts of copper, cadmium, and lead are picked up from the plumbing even if the well is pure. It is best to purchase the Alkalizer™ water instrument. Remember, if one distills water from a city supply, one must remember that certain hydrocarbon contaminants have a lower boiling point than that of water. The distiller should have a valve to permit their escape as they gasify. If not, they will concentrate in the distilled water and will need to be removed by filtering through activated charcoal.

5. If a coffee enema makes a person jittery, shaky, nervous, nauseated, or light-headed, the coffee solution is too strong. The amount of coffee can be adjusted from 1 teaspoon to 4 tablespoons per quart of water as tolerance level permits.

6. The high, retention coffee enema should consist of 1 quart of coffee, held for 15 minutes. Some people, children especially, can take and retain only a pint (2 cups) of enema solution at a time. If this is the case, one must take 2 enemas each time, one right after the other, and hold each for 15 minutes as directed.

7. Upon rising each morning plug in the coffeepot for a few seconds to bring coffee to body temperature; unplug and take the morning coffee enema.

How To Take A Coffee Enema

A. Before the enema do some form of mild exercise if possible, such as walking briskly. If one is extremely debilitated and weak, this step will of course need to be omitted until strength returns.

B. Attempt a normal bowel movement. The enema is much more effective if the colon has been evacuated. One should not become disturbed, however, if there are no regular bowel movements, or very few, during Metabolic Medicine's Cancer Cure Program. In many cases, not enough bulk collects to instigate a normal bowel movement. When no normal bowel movements are forthcoming, the enema cleans the colon adequately.

C. Bulk formers such as Metamucil™ (or other brands of Psyllium Husks obtainable at drug or health food stores) taken as directed, or 2 tablespoons of miller's bran with each meal (obtainable at the health food store) are quite helpful in forming stools and thereby creating more normal bowel movements for those who take daily enemas.

D. After the normal bowel movement, if one is forthcoming, or before taking the coffee retention enema, most people find that taking an enema with 1 quart of warm distilled or filtered water is very helpful (do not retain this enema). This procedure begins the cleansing of the colon, removing large particles of residue and most of the gas. When it is completed, the coffee retention enema may be taken. The warm water enema is optional and does not need to be taken if the coffee enema can be retained for the desired period.

E. Place 1 quart of coffee in your enema bag or bucket. You may use a Fleet enema bag, which is a disposable large volume plastic bag, an over-the-counter item from the local pharmacy or hospital supply outlet. This enema bag lasts about 2 years.

F. The enema tip on the end of the hose is not adequate to give a "high enema." Place a colon tube (Davol) size 24 French or 26 French or 28 French on the opposite end of the plastic tube from the enema bag. This colon tube is a soft flexible rubber-like tube around 30 inches in length. It follows the curves and flexure of the colon. The colon tube is usually inserted about 12 to 20 inches into the rectum. (Editor's Note: It is difficult today to find a colon tube. However, a plastic rectal catheter or tube about 18 inches long may be ordered from your pharmacy as an over-the-counter item.)

G. Next, allow the coffee to flow to the end of the colon tube, thus eliminating any air in the tube.

H. The colon tube should be lubricated with natural creamery butter, Vitamin E cream or other lubricant that doesn't contain additives or chemicals.

I. Insert the tube 12 to 20 inches into the rectum, if possible. This should be done slowly, in a rotating motion that helps to keep the tube from "kinking up" inside the colon.

J. The enema bag should not be over 36 inches higher than the rectum. If it is placed too high, the coffee runs into the colon too fast and under too much pressure, causing discomfort.

K. There are several positions that can be used while inserting the colon tube. Squatting is one. There is also the knee-chest method, with chest and knees on the floor and buttocks in the highest position possible. Most people, however, find it easiest to lie on the left side until the solution is out of the bag or bucket. The enema should never be taken while sitting on the toilet or standing.

L. Some people's colons have kinks or turns in them that may prevent the tube from being inserted even 18 inches. Often, if a little bit of the solution is allowed to flow into the colon as the tube is being inserted, one may comfortably get past these kinks.

M. If a kink bends the tube too much and stops the flow of liquid, then the tube can be inserted only as far as it will go, still allowing the liquid to flow freely.

N. Sometimes, if one hits a kink that stops the flow of the liquid completely, the tube can be pulled out slowly just to the point where the solution is felt flowing again. Frequently, the tube can be pushed back in, past the turn that previously stopped the liquid.

O. Because of the shapes and formations of some people's colons or of course if a child is being given the enema, it will be possible to insert the tube only a few inches. Occasionally, this is a permanent situation. Often, however, as the colon is cleaned and healed, the tube can eventually be inserted further.

P. The tube should *never* be forced when discomfort occurs.

Q. After the flow of the solution is completed, one may remove the colon tube, although it isn't necessary to do so. Regardless of the position used up to this point, one should now lie on the left side for at least 5 minutes, then on the back for another 5 minutes, then on the right side for at least 5 minutes.

R. Those who have excessive gas may leave the tube in the colon with the hose clamp open. This allows gas to escape through the enema container. Frequently, the coffee will go in and out of the enema bag or bucket until the gas is relieved.

S. After the enema is retained for 15 minutes or longer, it may be expelled.

T. One is now ready for the rest of his daily routine clean and refreshed!

Helpful Hints

1. If you find you have a lot of gas and it is difficult to retain the enema, try putting 2 tablespoons of blackstrap molasses into your coffee solution.
2. If you get a sudden gas bubble causing an urge to expel the solution, breathe very fast through your nose using your abdominal muscles like a bellows. This usually helps the colon wall break up the gas bubble.
3. If you find that a little coffee leaks out, place an old towel under your buttocks.

Intestinal Obstruction

Occasionally, the intestinal tract will become obstructed. Usually under these circumstances, no food or feces will come through. After a few days, one becomes extremely nauseated and starts vomiting. He or she will be very sick and will normally run a high temperature. This should be watched quite carefully, for in such cases immediate emergency treatment is absolutely necessary.

One should never allow themselves to become extremely toxic. But, in order to distinguish between a healing toxic reaction and an intestinal obstruction, as soon as nausea or vomiting develops and no food is passing through, all supplements and food should be stopped for 5 days. Water and juice may be taken during this time.

If there is no vomiting, food is passing through, and the temperature remains below 100 degrees, the diet and normal routine may be resumed, as one may assume there is no obstruction.

A point to remember is that one shouldn't fail to cycle off the supplements routinely before reaching such a state of toxicity!

If, during the 5 days off the supplements with no solid food intake, one begins to vomit and has abdominal pain with high temperature, the physician should be consulted so that he or she can check for intestinal obstruction.

Cleansing The Kidneys

The kidneys are vital organs of detoxification. They filter approximately 4,000 quarts of blood daily. The metabolic wastes, largely urea, are eliminated and the acid/alkaline balance maintained. Many drugs are eliminated through the kidneys, especially the common pain-killing drugs that can be extremely damaging to these organs. Such drugs include aspirin, phenacetin and acetominophen. People often don't experience any symptoms from loss of kidney function until 90% of the function is gone, and then the damage is irreversible.

The kidneys should be flushed each day with liberal quantities of fluid, either RO filtered water, distilled water or fresh fruit and vegetable juices (preferably organic). Parsley tea is excellent for strengthening the kidneys. Those with kidney problems should avoid ordinary commercial teas and coffee as a beverage. Herbal teas are acceptable.

For those who tend to retain fluid, watermelon is an excellent diuretic. If the melon is organically grown, the rind should be juiced and sipped first thing in the morning and then the red fleshy part of the fruit may be eaten. Two mornings a week, one may take the juice of a whole lemon in warm RO filtered water or distilled water as a diuretic (citrus should not be used more than 2 days a week, as it tends to upset the calcium-phosphorus metabolism if used more frequently). Shavegrass or horsetail tea is a good diuretic and also good for the skin and hair. An excellent diuretic salad may be made by combining cabbage and onions — finely sliced — with crushed raw garlic, parsley, and herbs like sage, cumin, and juniper berries, if available. Cover this mixture with very hot RO filtered water or distilled water and place a lid over it for 10 minutes. Drain the mixture (the liquid is good to save for soup bases, grains, etc.) and squeeze a lemon over it. It can be eaten as is or refrigerated first. It can also be mixed with other salads.

In extreme fluid retention, one's physician may prescribe a diuretic drug, which is permissible, and the doctor will normally increase the intake of potassium to compensate for its loss due to the drug.

In kidney disease the protein intake should be limited and extra vitamins and minerals taken.

Cleansing The Lungs

Life is dependent upon the adequate exchanges of gases in the lungs. The most significant are the removal of carbonic acid and the flow of oxygen into the blood. The lungs give off many other gaseous wastes. Sometimes before, but more frequently after the start of Metabolic Medicine's Cancer Cure Program the patient or those close to him or her may notice a foul odor on the breath. No amount of toothpaste or mouthwash will remove it for long, since it comes from the bloodstream. One can be assured, however, that this is only a phase and that the poisons are leaving the body.

If there is excessive accumulation of mucus in the nostrils and/or bronchial system, this inhibits the detoxification functions of the lungs. Mucus-forming food should be avoided if mucus is a problem. These are principally dairy products, with the exception of butter and cream, and baked flour products. Anti-mucus foods such as raw onions and garlic, cayenne pepper, freshly ground black pepper, fresh ginger, and horseradish should be eaten liberally.

Cleansing The Skin

Most people overlook the skin as an organ of detoxification. But it is sometimes called "the third kidney," since many of its functions in fluid and electrolyte balance are similar to those of the kidneys. When great amounts of poisons flood the body, all systems are overloaded and this function of the skin is sorely needed. As the skin is utilized, all sorts of eruptions, odors, colors, and blemishes may appear. These conditions will disappear as the body becomes purified.

One can quickly assess the relative efficiency of elimination through the skin by looking at his iris (the colored portion of the eye). The skin is represented by the outermost part of the iris. If it is very dark and dense, the condition is called a "scurf rim" in iridology, and it means that the skin is relatively blocked as an organ of elimination. To open it up, skin brushing before a shower and vigorous use of a loofah sponge in the shower are recommended. A good quality vegetable-bristle, skin brush should be purchased from the health food store or pharmacy. One should brush up the front of the body and down the back, over all exposed skin surfaces, until a warm glow is felt. Then one should take a warm shower and rub briskly with a loofah sponge (available in most health food stores) to remove the layers of dead skin loosened by the brushing. (We have found it best to take a hot shower each morning.)

Castile or other pure soap should be used — but in a minimal amount, since heavy soaping will wash all the valuable skin oils off and can cause the skin to overproduce oil in order to compensate. The hair should be shampooed frequently with a non-chemical soap or shampoo, which can be found in health food stores.

At the end of the shower, one should turn the water to cool, then to warm. As one becomes accustomed to the temperature change, he or she may go from hot to cold and back several times. This exercises the tiny muscles in the skin, which control dilation and contraction of the pores. As they become stronger, they can respond better to the physiological demands of the body.

After the shower, one can sit in a tub of water with a cup of apple cider vinegar added, to restore and strengthen the acid mantle of the skin. Afterward, the body should be dried and rubbed briskly with a towel until a warm glow is felt.

Epsom salt baths may also be used to help draw toxins out of the skin. These baths are especially beneficial if one is going through a “healing crisis” and is especially toxic and feeling bad. Such a bath works best after the skin brushing and use of a loofah sponge. A tub is filled with warm to hot water and 4 or more cups of Epsom salt are dissolved in it. This bath is quite relaxing and good for tense, sore muscles, and may be taken as often as needed.

Every fourth night the cancer patient should be rubbed from head to toe with a mixture of olive oil and castor oil in equal parts. Then a hot soaking bath should be taken for 15 minutes to allow the oil to penetrate. This is followed by going to bed under heavy covers for about one hour to sweat the poisons out. Then a cleansing shower is taken. This may be discontinued after three months.

Irrigating the Nostrils

Salt-water irrigation of the nostrils is very helpful with nasal mucus and sinus congestion alike. If one cannot breathe through the nose, he or she is bypassing a crucial filtering mechanism which warms and humidifies the air, and which removes large amounts of smoke and dust before this air reaches the back of one’s throat. Mouth breathing places incalculable stress on the lungs, nearly equivalent to that of cigarette smoking if one lives in urban pollution.

To irrigate the nostrils, dissolve 1 teaspoon of sea salt in 16 ounces of warm water in a bowl of appropriate size. While bending forward, block one nostril and place the other below the water surface in the bowl. The water should be gently pulled up the nostril until one can taste the salty mixture trickling to the back of the throat; then it should be blown out. This should be repeated with the other nostril and alternated several times.

Breathing Exercises

Breathing exercises should follow the cleansing of the nostrils. If done on a regular basis, these yield tremendous benefits. They increase the body's supply of oxygen (which is the basic currency for repair and for burning up toxins), step up the removal of waste products and stagnant air from portions of the lungs otherwise unused, and exercise the diaphragm — which serves as a pump for the flow of oxygen and nerve energy.

Deep breathing yields a multitude of benefits through maximum use of lung capacity.

Rapid breathing is an energizing exercise, which promotes flow of energy into the lungs and digestive organs. It should be done before meals, after being in a stuffy room, or whenever a lift is needed.

Alternate-nostril breathing has a calming effect on the nervous system. It can be used effectively to overcome anxiety states and insomnia, and sometimes to relieve headaches.

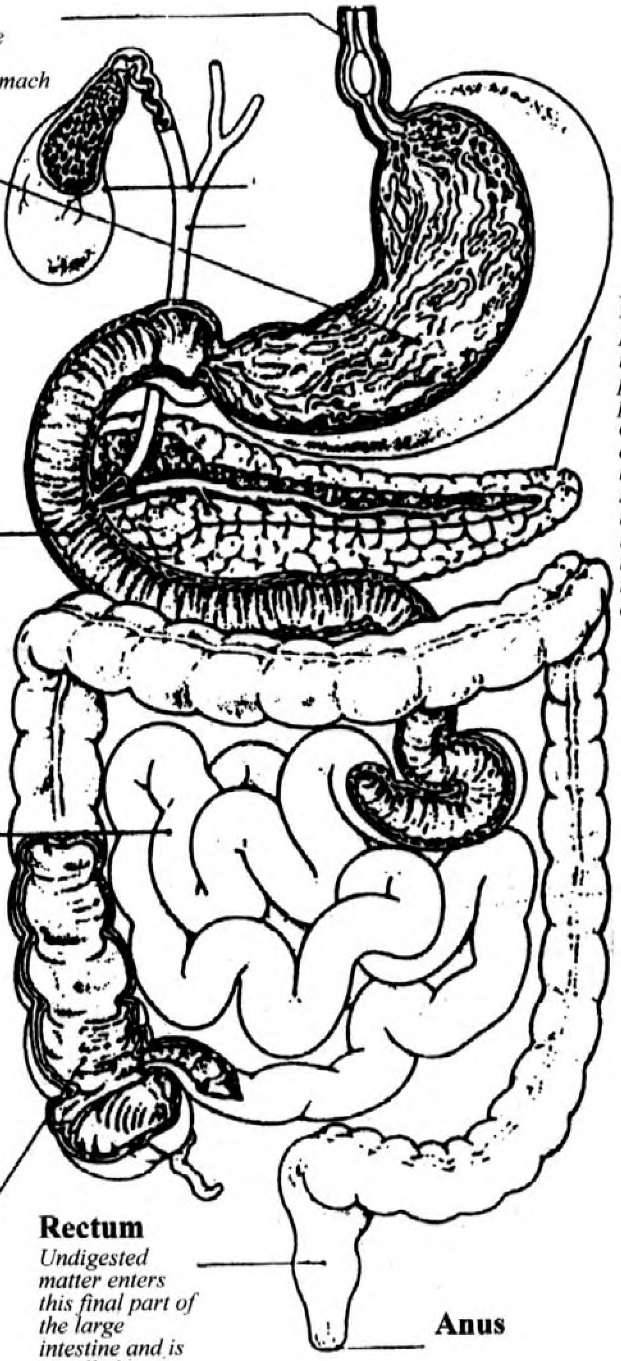
Breath is the external manifestation of our life force. It *is* our very life. We can live for a while without food or drink, but not without breath.

Exercising

In almost every case of cancer, particularly those cases of long standing, the protein from the muscles has been used to maintain life. In other words protein metabolism has been so poor that the body had to take protein from the muscles and, to a very great degree, the muscles have been consumed.

After the cancer is destroyed, the muscles begin to rebuild. This takes approximately three years. If the muscles are exercised strenuously during this time a hernia may develop. For this reason we have found it best to replace strenuous exercise with a brisk walk at least once a day for three years following therapy.

DIAGRAM OF DIGESTIVE SYSTEM



Esophagus
Food is carried down the esophagus by peristaltic action and enters the stomach

Stomach
The pancreatic enzyme must be in an enteric matrix. Food is broken down further by churning and by the action of hydrochloric acid and digestive enzymes secreted by the stomach lining. Food remains in the stomach until it is reduced to a semiliquid consistency (chyme), when it passes into the duodenum.

Duodenum
The pancreatin starts its functions. As food travels along the duodenum, it is broken down further by digestive enzymes from the liver, gallbladder, and pancreas. The duodenum leads directly into the small intestine.

Small Intestine
Additional enzymes secreted by glands in the lining of the small intestine complete the digestive process. Nutrients are absorbed through the intestinal lining into the network of blood vessels and lymph vessels supplying the intestine. Undigested matter passes into the large intestine (the colon).

Colon
Ox Bile is needed to help digest fats. Water in the undigested matter leaving the small intestine is absorbed through the lining of the colon. The residue passes into the rectum.

Rectum
Undigested matter enters this final part of the large intestine and is expelled.

Anus

Pancreas
In some individuals, the pancreas does not produce enough of these enzymes all of the time, therefore supplementation may be a good idea as insurance to assure that there is no deficiency.

Metabolic Supplementation

9

We must provide the proper metabolic support of individuals whose physicians have diagnosed malignant tumors.

These individuals should have the proper vitamins, minerals, anti-oxidants and enzymes.

We must not overload the body with excessive nutrients that would produce toxins beyond the capacity of the body to remove such toxic debris.

The 1994 Hatch Act Allows Individuals and Physicians to Support the Metabolic Needs of the Body

Since 1994 and the passage of the Hatch Act, individuals and physicians may legally support human metabolism by diet, nutritional supplements and certain procedures as long as they are not harmful. In fact, for many years it has been accepted that one must add vitamins, minerals, trace minerals, amino acids, etc. to the human diet to support and maintain health. We are bombarded daily with the advertising of many “fortified” products that inform us of the necessity of supplying the body’s metabolic needs.

Missing Nutrients

The modern diet is quite deficient in certain foods that have in the past been mainstays of good nutrition and the support of health. The most outstanding missing group as a whole is the organ meats, such as kidney, liver, stomach, intestinal tract tripe, and lung. These health-building foods are unheard of and unavailable in today’s society. To get these today one must obtain them in the form of nutritional supplements.

Sweetbreads

Pancreas tissue, or sweetbreads, without question is the most deficient item in our food chain. It should be noted that the pancreas is the most needed of all the missing organ meats from our diets. It must be supplied in our diets or serious deficiencies result.

Low temperature processed pancreas gland enzymes are available to the public in various metabolic formulas. These nutritional products are designed to support the normal metabolic processes of human metabolism.

Metabolic Nutritional Supplementation

Dr. Kelley's Metabolic Formulas are produced under his direct supervision. These very Formulas are the ones his counselees have taken and used over the past 42 years and have proven to be helpful to thousands. His metabolic Supplements are listed at www.DrWDKelley.com, Dr. Kelley's web site. They are also available in a separate, downloadable, E-book format.

Dr. Kelley's

METABOLIC SUPPORT PROGRAM

Metabolic Nutritional Support For Health

Objective

We must provide the proper metabolic support of individuals whose physicians have diagnosed malignant tumors. These individuals should have the proper vitamins, minerals, anti-oxidants and enzymes. We must not overload the body with excessive nutrients that would produce toxins beyond the capacity of the body to remove such toxic debris.

Time Commitment

It takes a minimum of four years of proper metabolic support in addition your physician's protocol to reduce the malignant tumor mass to the point health can be attained an the body rebuilt. This is the beginning. Following the strict procedure Dr. Kelley developed must become one's life style for years to come. Health and well-being is the goal and reward for diligence. It has taken him 40 years of constant vigil and maintenance to remain "cancer free"

Fear

The most difficult obstacle to overcome for one afflicted with a malignant tumor mass is the advanced technology of evaluation and monitoring of one's condition. Scans, MRI's, Cancer Marker Tests of all kinds, shapes and expenses can not treat one malignant tumor cell. As wonderful and advanced as they are, they have caused more damage and fear than can ever justify their existence or use.

The use of such technology programs is the source of calamitous control of the patient's actions of choosing the process of remission and real cure for pancreatic failure. Many times this technology instills "giving-up" and produces acceptance of death and loss of hope within the mind of the cancer victim. It would have been much better if the medical community used the already proven scientific evaluation systems, instead of developing such instruments of doom and disaster.

"Why do I have to take so many pills?"

Metabolic Medicine's Cancer Cure Program has succeeded with a high percentage of former cancer patients because it reverses the process of degeneration. You have cancer because you allowed your overall general health to degenerate; Metabolic Medicine's Cancer Cure Program helps you to *r*egenerate.

Dr. Kelley does not deny that his approach applies extreme measures. He maintains that extreme measures are required when you have allowed your health to fall so low that your have left yourself vulnerable to cancer. He has identified four major lines of defense against cancer: the pancreas; the immune system; mineral balance; calcium metabolism. All of them depend heavily on nutrition for their strength.

You take so many pills because Metabolic Medicine's Cancer Cure Program leaves nothing to chance.

You take so many pills in order to be sure that your glands will be totally supported, your immune system highly stimulated, and your body chemistry properly balanced.

You take so many pills because the objective of Metabolic Medicine's Cancer Cure Program is to turn your degeneration into your regeneration.

For the current up-dated Program List of

Metabolic Nutritional Supplements

approved & recommended by Dr. Kelley,

please go to:

http://www.DrWDKelley.com

Metabolic Nutritional Support Program

Cancer is essentially a deficiency disease; a deficiency of the pancreatic enzymes. This is a deficiency of the free, active pancreatic enzymes in the tissues of the body.

Special Note

All persons, people, creeds and inhabitants of today's state of so-called 'civilization' with a diagnosis of "cancer" are without question “thyroid deficient”, and your thyroid gland is defective, damaged, destroyed and/or inhibited. Since the 1930's it has been one of the major techniques of our common enemy, the medical, pharmaceutical, dental and political communities, to use this technique to decrease the population by using their very effective weapon: Cancer.

"Cancer" has progressed since the 1930's from one in 8,000 to "nine out of ten" today, and it is planned by The Establishment to increase substantially. Cancer is the establishment's goose that lays "Golden Eggs".

Since my bout with terminal pancreatic cancer in 1962 I have taken 3 grains of Armour Natural Thyroid each morning. Your physician must give you a prescription for this medication. Remember, the use of synthetic thyroid does not work. Neither does the hundreds of defective, altered thyroid preparations sold by the alternative health care physicians and nutritional supplement companies.

You must regulate the dosage of natural thyroid with the help of your doctor. You should maintain a temperature of 98.6 degrees Fahrenheit each day upon jumping out of bed. If you are too nervous or can't sleep, reduce the dosage of your Thyroid intake to 2 grains or even 1 grain daily.

You may also be iodine deficient. Test by painting a 3 inch area of iodine on your skin - stomach, arm or leg. If it is absorbed into the body in less than 24 hours you are iodine deficient and you should take an iodine supplement.

May our Father Yahweh, I AM that I AM, Almighty extend His loving kindness, protection and blessings to you in all ways - always!

Respectfully,

Dr. William D. Kelley, D.D.S., M.S.

Metabolic Nutritional Supplementation

Dr. Kelley's metabolic formulas are produced under his direct supervision. It is these formulas that Dr. Kelley's counselees have taken and used over the past 40 years. They have been helpful to thousands of his metabolic counselees.

Additional Metabolic Supplement Formulas

Dr. Kelley uses and recommends various additional metabolic formulations which are manufactured under his supervisions. Please see the end of this chapter for more information.

Timing of Metabolic

It is far more important than one can possibly realize to take the Metabolic Formulas at the proper time. The Metabolic Formulas should be taken when the body is in the proper acid/alkaline balance.

Metabolic Formula Cycles

All Metabolic Formulas, except Formulas Mg, must be cycled on and off. The raw materials for the repair and rebuilding of the body must be cycled. Taking the Metabolic Formulas during the **"On"** cycle provides a saturation of needed nutrients. Stopping the Metabolic Formulas during the **"Off"** cycle provides the necessary time for the body to repair, rebuild and detoxify.

"On" Cycle

Take the Metabolic Formulas for 10 or more days, until one becomes toxic, but no longer than 15 days.

Stop If You Feel Sick!

If you become Toxic (a 'goopy' sick feeling), ill, nauseated, crabby, have an elevated temperature, or violent headache **Stop** taking the Metabolic Formulas. It is best to stay **On** your Metabolic Formulas for 10 days. However, when you suffer negative symptoms anytime after the third day you may **Stop** taking them at that point. It is best to continue for 10 days or until toxicity forces one to **Stop.**

“Off” Cycle

Remain **Off** the Metabolic Formulas for 5 days. You must give the body time to detoxify. Stay **Off** the Metabolic Formulas the full 5 days even if you feel well enough to continue. Give your body time for repair and rebuilding. You must continue your detoxification program during the **“Off”** cycle. You should take one or two enzymes with meals to assure digestion of food.

While “Off” You May Feel Worse

If you feel worse while you are cycling **Off** the Metabolic Formulas it means your body needs them (this is not a toxic reaction) so you should go back **On** them until you feel toxic (like you have the flu) and try to go **Off** them again in 10 days or when you become toxic.

How Do Enzymes Work?

by

Professor Kathy P. Fairbanks, Ph.D. (Embryology)

Enzymes are normally produced by the pancreas to help digest the food that enters the small intestine from the stomach. Different kinds of enzymes work on protein, on fats, or on starch and sugar. By the action of these powerful enzymes, large particles of protein, fat or starch are broken down into smaller and smaller pieces, until they are small enough to pass through the wall of the small intestine and be used in the human body for nourishment. Enzymes remaining in the small intestine serve there to digest food coming into the intestine from the stomach. These enzymes in the intestine also can be absorbed through the wall of the small intestine into the body, and travel in the blood stream to distant locations in the body where they are needed.

Why don’t these powerful enzymes start dissolving the very tissues that they are passing through? How can these enzymes travel to the tumor and only digest the cancer, without harming the person’s body in which the cancer is growing? The secret to how the enzyme can tell the difference between “good tissues and bad tissues” lies in a difference as small as the difference between your right hand and your left hand. Almost all the billions of tiny molecules in the body are either right-handed or left-handed. As an example of right and left handedness, let’s look at a pair of mittens. In a pair of mittens you find one for the right hand and one for the left hand. They are mirror images of each other, but if you tried to put the right-handed mitten down on top of the left-handed mitten, they would not match. In a mysterious way, the human body uses only right-handed sugar molecules but only left-handed protein molecules.

The above paragraph has discussed right-handed sugar molecules and left-handed protein molecules. Logic raises the question where are the mirror image substances? Where are the left-handed sugar molecules and the right-handed protein molecules? These are found within the placenta, which is made of trophoblasts. These are also found within the trophoblast-like tumor cells. What difference does this make for the enzyme trypsin?

We know that the enzyme trypsin acts on cooked left-handed proteins and living (non-cooked) right-handed proteins. Normally, when we eat a meal, the cooked left-handed proteins, which we eat, are digested in the small intestine by the trypsin released by the pancreas. Trypsin does not act on the organs of the human body, because these are living left-handed protein. However, trypsin is very effective at breaking down living right-handed proteins. And where did we say living right-handed proteins could be found? These living right-handed proteins are the substance comprising the cancerous tumor. So, the trypsin can travel via the bloodstream to the tumor, and its action there is on the protein mass that makes up the tumor. It breaks down the protein mass of the tumor and “liquefies” it.

As further explanation, this cancerous tumor needs an enzyme with which it can digest the organ or tissue of the human where the tumor is located. It uses human tissue as food. To obtain its needed enzyme, the tumor itself makes the enzyme! This tumor-made enzyme is called “malignin” which does digest human protein. Malignin is a cancer growth stimulator. Malignin stimulates growth of a cancerous tumor, thereby producing more malignin, causing increased tumor growth which makes further malignin in a progressively expanding growth sequence.

Thus, a growing cancer tumor continually makes increasing amounts of its own growth stimulator in a progressively expanding sequence. This malignin is the mirror image enzyme to trypsin. In other words, trypsin and malignin are mirror images of each other, as your right hand and left hand are mirror images of each other. As trypsin acts on living right-handed protein, namely the tumor mass, so malignin acts only on living left-handed proteins, namely human tissue.

Trypsin in sufficient quantities can begin to break down the cancerous tumor but not fully digest the cancerous tumor. During the breakdown process, trypsin produces some intermediate proteins and needs a second enzyme to complete their digestion, i.e. “liquefaction”. Therefore, to be successful, the enzyme treatment for cancerous tumors must include both of these enzymes in sufficient quantities to render the products of tumor digestion harmless .

These enzymes work by traveling through the bloodstream to the site of the tumor and digesting the specific protein of the tumor mass, without harming the body's tissues at all. This fascinating story of the matching right and left handed molecules, trypsin and malignin, was explained almost a century ago by a Scottish professor by the name of John Beard, D.Sc. He published his work in London in 1911. His revolutionary book was entitled, The Enzyme Treatment of Cancer and Its Scientific Basis. At that time some cancers were treated by direct injection of the enzymes near the cancer mass. Now, we realize that injecting the enzymes is unnecessary, since swallowing capsules containing the enzymes will also work. Trypsin will only digest the protein of the tumor, thus it can safely travel through the body. The ability to target the tumor in such a specific and successful manner makes the use of surgery, radiation, and chemotherapy obsolete.

To read more by

Professor Kathy P. Fairbanks, Ph.D.,

please refer to her article;

"The Scientific Basis of the Kelley Metabolic Cancer Cure"

in chapter XII, For Doctors Only

Healing Crisis

Many people are caught off guard and fail to understand and frequently misinterpret the symptoms and changes, which follows a change to a healthier metabolic life style. Many of these symptoms and changes are unpleasant but they are short in duration and sporadic and are a necessary part of the healing process. There are several reasons why this happens:

1. The body and mind begin to show changes, because the quality of nutrients coming into the body are of a higher quality than the tissues of which the body is made of. The body then begins to discard the lower grade materials to make room for the superior materials

2. Indigestion, heartburn and burping usually start soon after you are on the program. This often indicates that you have been deficient of these nutrients for a long time. The body's digestion almost always improves.

3. Suppressed body functions often will be stimulated to detoxify, sometimes inducing colds, diarrhea, fevers, swelling, ache, boils and vomiting. These are temporary and are part of the healing process. The body will return to at least the same level of health as before if not superior.

4. Nervousness, headaches, fatigue, irritability and depression often happen when you cut out the artificial stimulants such as sugar, chocolate, coffee, tea, soda, tobacco, caffeine or drugs. It is important to get rest and sleep. Once the artificial stimulants are eliminated, the body is ready for the building process.

5. Skin eruptions, boils or acne. The skin is the largest eliminating organ, so the concept of toxins coming out through the skin is easily understood, even if it is hard to face.

6. Aches pains and arthritis will often get stirred up, even if you have not been suffering with it for years. This happens as the body is cleansed.

This sounds discouraging but, the healing crisis doesn't last very long and the benefits of cleansing the body of these toxins and disease elements are vitally important. It is always better to go through the small healing crisis than a major health crisis.

Program Failure

We have observed that approximately 3% of cancer victims do not respond well. In a careful review of those individuals, we have found one or more reasons which account for this:

1. Those who insist on playing doctor and use a little of everything in their metabolic program.

2. Those who suffer from other conditions such as congestive heart failure, Ascites (fluid collection in the lungs or abdomen), broken bones, biological warfare infections etc.

3 Enzymes Inhibitors – If the person carefully follows our Program for 3 cycles and does not become toxic, something is wrong. The physician should diligently search for the blocking agent and resolve the cause, which is usually root canals, cavitations, fear syndrome, heavy metals such as

mercury, aluminum, copper, iron, cadmium, lead, etc., or man created biological warfare agents such as anthrax, tularemia, hepatitis A, B and/or C, brucellosis, eboli, liver blockage etc.

4 Parasite Syndrome – We have a multitude of parasites attacking us each day. From the microscopic creatures distributed to us in our water, food and air to the Establishment creatures in white coats in the local hospital. The disease causing parasite invasion into our society is also caused by the "open door – unlimited immigration and invasion from dirty, filthy and contaminated third world hoards promoted by the wicked diabolical Establishment. This genocide of our people is ever ongoing and never ceasing.

History tells us of another time when the Establishment's medical community used parasites to commit genocide. They use microscopic parasites now. Then they used big parasites. George Washington was murdered by physicians who used large parasite leaches to bleed him. This was done with the belief that they could "cure" the first presidents pneumonia.

Of special help is the LUMEN LIGHT. This infrared instrument has been produced at a cost everyone can afford to use in your own home. I recommend it for the object of infrared is to increase circulation to the afflicted areas, thus providing extra concentration of nutrients to diseased, defective and damaged tissues. Legal but not FDA approved.

METABOLIC SUPPORT PROGRAM

Dr. Kelley has recommended to all health care professionals this ideal metabolic supplementation to be given to their patients whose bodies can handle the maximum amount of supplementation for those with normal, **Hard Tumors such as Bladder, Bone, Brain, Breast, Cervical, Colon, Lung, Ovarian, Pancreatic, Parotid, Skin, Small Intestine, Stomach, Uterus, etc.**

It is self-defeating, unfortunate and often fatal to add to or remove anything from Dr. Kelley's strict procedure. However that is the decision of the health care professional. You must get clearance from your Metabolic health care physician, counselor, or technician to add anything to Dr. Kelley's strict proven program or subtract anything from it. You must follow your health care professional's recommendations along with this proven procedure exactly and faithfully

Ascites ~ Cachexia ~ Fluid Cysts ~ Diarrhea

and Kelley-Beaty Syndrome Metabolic Syndrome

Individuals with advanced cancer are often afflicted with one or more of these very serious conditions. Most frequently, physicians do not make a differential diagnosis classifying these five conditions as "terminal", dismissing the patients to Hospice for palliative care where they will await death using massive pain control narcotics.

I

Ascites

An abnormal, intraperitoneal, accumulation of fluid containing large amounts of protein and electrolytes. Ascites may be detectable when more than 500 ml of fluid has accumulated. The condition may be accompanied by general abdominal swelling, hemodilution, edema, swelling of legs or ankles or a decrease in urinary output. Identification of Ascites is made through auscultation, percussion, and palpation. Ascites is a complication of cirrhosis, congestive heart failure, nephrosis, malignant neoplastic disease peritonitis or various fungal and parasitic diseases. Ascites is treated with dietary therapy and diuretic drugs; abdominal paracentesis may be performed to relieve pain and improve respiratory and visceral function by relieving the pressure of the accumulated fluid. By lowering pressure within the portal system, paracentesis is therapeutic in Ascites.

Paracentesis

A procedure in which fluid is withdrawn from a cavity of the body.

The Ascites Angel

In all medical history I cannot find one case study that approaches that of our Ascites Angel Cindy Hollinger (see the end of chapter III) Cindy had over 40 paracentesis procedures over her 21 month time period of repair and rebuilding a very toxic body.

If you have symptoms of Ascites, The most important life saving procedure you can do is to get on Cindy's web site and obtain her e-book: www.AscitesHelp.com

1. The second most important step in your survival is to order the Cindy Hollinger audiotapes or listen to from www.doctorssecondopinion.com. Contact Tom Kohler for details 1.814.723.6383.

2. The third important step in your life struggle is to follow the program to restore you health just as Cindy did.

Do I Have Ascites?

The simple standard laboratory blood test used for a definitive diagnosis is measuring the total protein of the blood and its fractions Albumin and Globulin. These results are almost always given in the standard blood tests. However, these values are almost never interpreted or understood by the physician.

If you will look at a copy of your recent blood test and find Total Protein. Under total protein should be a listing of albumin and globulin. The reading of albumin must be twice the reading of globulin. In recent months the laboratories do not give the globulin reading but often the report gives a ratio, which is misleading. If the ratio is listed as 1:2, this is very bad and shows the globulin is two times that of albumin, a death sentence. The ratio should be 2:1. That is albumin should be two times the globulin. If the globulin is not given, you can calculate it by subtracting the albumin reading from the total protein, which will give you the globulin.

The intake of trace minerals in a natural food source are important to the patient suffering from **Ascites, Cachexia, Fluid Cysts, Diarrhea, or the Kelley-Beaty Syndrome.** Dr. Kelley has always relied upon the Multi-Grain Cereal for these important metabolic nutrients in addition to the **Metabolic Support Program***

The Physician's Ignorance

Standard medical procedure when you have "Cancer" with Ascites is to dismiss you to the dying crew “HOSPICE”. Your physician will prescribe all the pain medication you need and the hospice nurses are permitted to give you chemotherapy treatment but not to properly treat your Ascites.

You must seek a physician that will help you treat your Ascites as a metabolic malfunction, which includes:

A. Careful paracentesis (removal of toxic fluid), reducing the Ascites pressure to be relieved to a comfort point that proper metabolic procedures can be used to establish health. This is often a slow process, with restoring of health as the end result. It has been my experience that the Ascites fluid is most frequently the body's desperate attempt to hold metabolic toxins until they can be removed. Many individuals not only have a general collection of Ascites in abdomen or lungs, but also form an additional backup encapsulation of fluid cysts filled with toxins. If all these toxins are released at once, or too fast death results. Cindy's 40+ paracentesis procedures attest to the proper way to address your Ascites - not Hospice.

B. As Ascites is a metabolic/nutritional malfunction, it must be addressed as such. "Cancer" is also a metabolic/nutritional malfunction. Both conditions can be addressed (cured) at the same time as shown in Cindy's case with the use of Dr. Kelley's **METABOLIC PROGRAM.**

II

Cachexia

General ill health and malnutrition, marked by weakness and emaciation, usually associate with serious disease, as tuberculosis or cancer. Cachexia, known as "cancer wasting" or the "cancer cachexia-anorexia syndrome." Cachexia is often found in terminal "cancer" victims in addition to Ascites. Dr. Kelley's **METABOLIC PROGRAM** has been helpful

III

Fluid Cysts

Fluid Cysts: Fluid collection in epithelial sacks containing environmental and metabolic toxins proteins, electrolytes, minerals, etc. Fluid Cysts most often collect around the kidneys. These also collect near the ovaries, in the lungs and the abdominal cavity. The collection of fluid in these cysts are often mistaken by the physician as Ascites. This collection of fluid within epithelial sacs is most uncomfortable, causing swelling within the body that interferes with normal body functions. These cysts must be drained individually by the physician/radiologist. In the cancer patient, these cysts are the normal system of holding excess toxins and metabolic wastes from many years of accumulation. They are a protective detoxification system and must be drained by the physician, for should these toxins enter the metabolic functions of the body in large amounts, toxic death would occur.

IV

Diarrhea

Diarrhea - in the cancer victim should not cause alarm. Standard medical treatment by your physician, in most situations is usually successful. When this is not forthcoming, you should consider the possibility that this could be a blessing. I have found that the cancer victim's body often uses diarrhea to remove years of toxic substances and metabolic wastes so that repair and rebuilding of one's body can take place. Although uncomfortable, diarrhea is one of the body's natural system of removing the excessive toxins, poisons and metabolic wastes. When medical treatment fails, consider it a blessing.

V

Kelley-Beaty Syndrome

This life destructive condition is caused by the "shut down" of the sympathetic division of the autonomic nervous system involving failure of the Pituitary, Thyroid and Adrenal glands as well as the Hypothalamus, the command post, or switchboard, of metabolism. Often misdiagnosed as Cachexia or Addison's disease and associated, in error as terminal cancer, the symptoms can be rapid weight loss and muscle wasting. Many physicians fail to properly diagnose this separate autoimmune malfunction disease process and frequently call it the terminal stage of cancer or Cachexia. Actually it is similar to Parasympathetic Atonia.

Kelley-Beaty Syndrome is nothing more than a metabolic malfunction and in the acute stage must be shocked into proper function. Metabolic function arises out of structural balance. In both acute and chronic stages, it must be supported metabolically and structurally. This condition is sometimes the result of metabolic stress in long-term degenerative illnesses as well as in cancer patients. This overwhelming metabolic and structural stress closes down and stops the metabolic functioning of major glands of the body while also disrupting structural balance.

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Note: There are over 30,000 references to Dr. Kelley on the Internet.

Honesty and integrity are important to Dr. Kelley and to your well being. The only programs, supplements and web sites Dr. Kelley approves of and recommends are:

http://www.DrWDKelley.com

http://www.AscitiesHelp.com

http://www.drkelley.com

http://www.drkelleyinternational.com

10

Cancer Heroes' Testimonials

Featuring an introspective by Dr. Kelley's daughter, Kimberly

Men occasionally stumble over the truth,
but most pick themselves up and hurry off as if nothing happened.

~ Winston Churchill

Surviving A Healthy Childhood

By Kimberly S. Kelley

"William D. Kelley, D.D.S." That's what I put in the space marked "Father" on the hundreds of forms I have had to fill out in my time. In the space marked "Father's Occupation," I put "Health Researcher." That's about all the information I volunteer, with, a darn good reason, though. To my frequent embarrassment, my father has managed to attain a certain degree of fame. Euphemistically, he can be said to be controversial. Those less kindly disposed toward him might use the term "infamous." In any case, I have always found it easier simply to avoid him as a topic of casual conversation.

When we lived in tiny Grapevine, Texas, everyone in town knew of my dad. He was the dentist in the little yellow office on Worth Street who didn't appear to be practicing dentistry. His patients didn't come from across town; they flew in from across the country. And the people coming to see him were all so desperately ill; many of them were cancer patients, obviously on their "last legs." Just what was going on in the small office?

The Fort Worth Star Telegram answered that question in a "shocking expose," which set the town buzzing. Dr. Kelley, an orthodontist, was seeing cancer patients! Further, the "therapy" he suggested was largely a matter of altering the diets of his patients and giving them vitamins and such! The notion that an individual's diet might be a factor in a disease as serious as cancer was considered absurd, but only slightly less so than the idea of a dentist working with cancer patients in any capacity. The scandal instigated by this article was the first I remember. Unfortunately, it was not the last.

My father became involved in cancer research first as a patient. In the early 1960's life in this family was relatively normal. At that time, we lived in Midland, the tumbleweed capital of Texas. Dad was practicing orthodontics, and his practice was thriving. He belonged to the local country club, the school board, and the Church of Christ. In his spare time, he indulged his passion for "tinkering" by restoring antique cars. His pride and joy was named Twinkles, a 1923 Cadillac that ran like a top in response to his diligent and loving care.

I would like to think that my father, given a choice, would not have changed much in his life. However, he wasn't given the option.

Dad became ill in 1963, and critically so by 1967. The physicians he saw in Midland and Odessa couldn't find anything physiologically wrong with him for quite some time. The fact that he was ill was undeniably apparent; he was so weak, he found it necessary to lie down at the office between seeing patients. After he suffered what appeared to be two heart attacks, a diagnosis was finally made. The situation, I have been told, was as follows. He had cancer of the pancreas and liver. As is usually the case, the malignancy was in its final stages at the time of diagnosis. The doctor refused to operate, saying Dad would die on the table. He should "get his affairs in order" quickly; he could expect to live only a few months. The doctor took my mother aside to tell her that, in his opinion, two months was a more realistic time frame.

One of the many reasons cancer is such an effective killer is its ability to destroy completely the individual's will to live. The patient suffers overwhelming pain, and his prognosis is rarely very optimistic. Any strength he might possess to combat the disease is soon exhausted, and death ceases to be viewed as something to be avoided. In death, the pain will be gone. The patient will no longer be forced to face the people he loves and the sorrow his suffering has brought them. Death becomes a friend, not an adversary. My mother and grandmother Kelley have told me stories of how terrible a thing it was to watch.

Unfortunately (or very fortunately), my mother had some more unpleasant news for him. Mom has always had a real talent with a credit card. Due to the fact that we were living heavily in debt, she had quietly allowed Dad's life insurance to lapse. His death would leave his wife and three young daughters destitute.

I imagine Dad was very angry. He had come to terms with dying, but this news surely obliterated any peace of mind he might have attained. At some point, he made the decision to do whatever he could to live. I don't know from what source he found the strength to attempt the impossible. Maybe his anger provided the motivation. (After all, if he died, he wouldn't be able to kill my mom!)

Instead of tinkering with Twinkles, Dad now began tinkering with himself. The doctors had offered him no hope and no help; his only option was to take his case into his own hands. He wasn't overly armed for the fight; one of his degrees is in biochemistry, and he knew of several people conducting innovative research in natural healing. His illness was so severe that, by trial and error, he was able to determine quickly what substances (food, vitamins, and/or minerals) swung the pendulum of his well being in what direction. Virtually everything the rest of the family ate would make him wretchedly ill. I remember sitting down to fried chicken with mashed potatoes and gravy while dad dined on vile-smelling liver. My sisters and I didn't understand why he was eating this way; no one told us he was dying.

Anyway, Dad must have done something right. Two months came and went, and the next four followed suit. During this time (and for sometime after, to be sure), Dad was critically ill; and for the purposes of this paper and its space limitation, I have greatly simplified the things he did to get well. But the bottom line is still the same; he didn't die.

Word got around — boy did it get around! The parents of Dad's orthodontic patients started asking him for advice about their ills and those of their loved ones. And Dad naively dispensed it. I don't believe it ever occurred to him to do otherwise. Many of those asking his advice were friends or, at least, people he knew. He simply told them what he had done to help himself. He had "been there" and knew first hand the agony a cancer patient experiences. Here were people in desperate need of help. If he knew something that might ease their pain at all, he felt it was his moral duty to tell them. And many of those who did what he said got well.

People came to see Dr. Kelley in increasing numbers, and they weren't looking to have braces put on their kids' teeth. Since he had to earn a living for his family but still felt a moral obligation to help anyone he could, he wrote a slim booklet in 1969 entitled ***One Answer To Cancer.*** In it was the story of his personal encounter with malignancy and the theoretical explanation of the procedures he used in getting well.

After the publication of ***One Answer To Cancer***, things really started to happen. As you might imagine, the American Medical Association, the State Board of Dental Examiners, and a host of other health-oriented organizations began to get hostile. He endured a great deal of persecution during this time, and found himself in quite a dilemma. On one hand, the number of individuals seeking his help was ever increasing; on the other, charges of "practicing medicine without a license" were being leveled at him. Eventually, he began seeing cancer patients for a living and started charging for his services. However, he saw only those people whose doctors had referred their patients to him. He consulted with the individual as well as the physician involved, always working well within the law. At the last count with which I am familiar, he has worked with over 33,000 patients in this way.

Dr. Kelley's case load has always been predictably lopsided; until recently, the only patients who came to him did so after being advised that there was nothing left to do but buy their burial plots and make out their wills. They had tried everything else before coming to see him. It is really amazing that he was able to save any of them at all. A great many of those early patients are alive and well today, singing his praises to anyone who will listen. In the cases of those who he was not able to save, their quality of life was still drastically improved. Many who succumbed to their illnesses did so without the reality-distorting drugs they once took for pain relief. Noting this, many of their relatives became vocal supporters of my father's work as well.

Dad has helped blaze a trail; he has been a genuine pioneer in his field. I think the phrase "health food nut" must have been coined specifically to describe him. It is difficult now to remember how "far out" his concepts were considered in 1969. Just as women today take for granted the rights their forerunners worked so hard to win, it is easy to forget that Dad preached health foods and ecology long before it became "chic" to do so. When I was growing up, many of my friends asked me why I never had acne at all; I was too embarrassed to tell them. I must admit I am shocked to see things I was forced to consume and used to hide frantically (such as granola or carrot juice) not only socially acceptable but become socially desirable!

When friends came over to play with my sisters and me, there were no snacks we felt comfortable offering them. There was food in the house, to be sure, but nothing they might recognize. The milk in the refrigerator was raw goat's milk (we had a goat in the backyard — that by itself caused a great deal of comment). My mother milled wheat to make her own flour to bake her own bread. Instead of sugar, the sweetener our family used was blackstrap molasses. Carob brownies are terrific, but if I offered them, I would have to explain that chocolate was not allowed in our house. People thought my parents were crazy, and I didn't really disagree.

Moreover, it wasn't just that we *ate* differently, Dad used the members of our family as guinea pigs to check out every new theory he came across in his research. For instance, he had all the silver fillings taken out of my mouth and replaced with gold. There had been quite a bit of silver in there, so the procedure took a long time and was very expensive. I didn't understand why he wanted to do this, nor did I bother to ask for an explanation. Nothing Dad did at this time made sense to my sisters or me; we just rolled our eyes and did as we were told. Just within the last year, however, I have heard the news that the composition of silver fillings changes over time, sometimes producing the same symptoms as does mercury poisoning. This is just one example out of hundreds. I am still discovering on a daily basis just how much ahead of his time my father has been, and now I can appreciate the courage it must have taken to adhere to the truths he found.

Dr. Kelley has never refused any patient. His philosophy is: "Where there's life, there's hope." When actor Steve McQueen came to him for help, he did not turn him away although he knew that accepting the man as a patient was actually very dangerous. McQueen had a rare form of cancer, mesothelioma, which, to date, is always fatal. Again, he had been told to "get his affairs in order" by every physician he had seen; they offered him no hope. All the medical community could offer Mr. McQueen was a short delay of the inevitable by using surgery and chemotherapy. Steve McQueen was not unlike the rebel and the fighter he portrayed on-screen. Rejecting the concept of lying in a hospital bed, passively awaiting death, he preferred to fight to live, even in the face of odds no one could deny. Too, he had seen his friends (specifically, John Wayne) undergo the procedures the doctors recommended. He wanted no part of the slow, painful mutilation that held no hope of survival.

The last thing anyone involved wanted was that the story of McQueen's illness and subsequent treatment be leaked to the press. McQueen himself did not want the public to know he was ill; the people surrounding him did not want the star to be linked with the controversial treatment he was receiving. Dad didn't want to go public with a famous patient whose chances of survival were so slim. He knew that if he lost a patient of McQueen's stature, that particular death would be all the public would remember; the lives he had saved would be overlooked entirely.

But that bastion of American Journalism, *The National Enquirer*, unearthed the story. Possessing an intense hatred for the tabloid, McQueen insisted that he be allowed to break the news before the *Enquirer* could go to press. He wanted to tell his fans about his illness himself.

Steve McQueen died November 7, 1980, from complications arising after surgery performed for the purpose of removing dead tumor masses.

The majority of the media never did get the story straight. They had a field day with Dr. Kelley. I will never forget watching the *Today Show* and seeing my father sit there, verbally brutalized by Tom Brokaw and Jane Pauley, watching him say virtually nothing in his own defense. He had known the probable outcome of the situation and took the abuse as if it were his due. In reality, all he had done was try, to the best of his ability, to help another human being who had no other avenue open. Tom Snyder gave him a fair hearing, and so did several others; but such was the exception, not the rule.

Dad received a great deal of unexpected support from his old patients and their relatives, though; and I will never forget that either. He was swamped with their calls, letters, and gifts. They stood up to be counted; but, unfortunately, no one really cared about the lives Dr. Kelley saved — Steve McQueen was dead.

I worked with my father at the International Health Institute, a privately owned foundation conducting research in natural healing. When people calling there discovered that my last name is "Kelley," I am in for an earful of praise for my father. They launch into hour-long dissertations about how wonderful Dr. Kelley is and how his work improved or saved lives of loved ones. It seems to be very important to these callers that Dr. Kelley's daughter should understand and appreciate the magnitude of his work; they all take upon themselves the personal responsibility of informing me who he is and what he has done. He receives thousands of cards and presents each year from people he no longer remembers. They remember him, though; and they are grateful for his help.

But no one is more grateful than I. My "healthy childhood" may have caused me a little embarrassment from time to time, but it has stood me in good stead. Dad has taught me to search for the truth, even if it means questioning what others readily accept. I will always be thankful that my father had the insight to find the truth, and the courage to say so.

Dallas, Texas

Cancer Heroes' Testimonials

It is the nature of the Medical Establishment to say, "These cancer cases did not have cancer and that is why they are still alive and cancer free." However many of these patients were diagnosed by biopsy at the most prestigious institutions in the United States and Canada. Furthermore, in 1985, the actual Biopsy Slides were reviewed and confirmed by the renowned Pathologist Dr. Robert A. Good, Ph.D., former President of the Memorial Sloan-Kettering Cancer Center of New York City.

The Medical Establishment often accuses their enemy of doing exactly what they themselves do: Lie, deceive, and cover up. The media then screams it so loud and long that many of the gullible finally believe it to be true without any proof whatsoever. However, in the case of my patients, the Establishment cannot do this. This frustrates them to no end, and they have devised many ways to destroy and discredit the Cancer Heroes. Nowhere in the Orthodox or Alternative Medical Communities are so many Cancer Heroes truly documented with such long Cancer-free life spans.

Introduction

To Dr. Kelley's Cancer Heroes

We are bringing to your attention two groups of cancer heroes. These cancer heroes, except as noted, were all alive and well and cancer-free in 1986. I unplugged my computer on the 30th of August 1986, and closed the doors on the Kelley program. Many of these heroes are still alive and well. I spoke to several in 1999 and 2001. I feel many others will contact me when they find this booklet. The Cancer Heroes are listed in two groups as follows:

Group I

Dr. Carol A. Morrison, M.D., F.A.C.C. and Dr. Kelley contacted these patients in late 1990. The following Group I patients were included in the 1982 edition of Metabolic Ecology by Fred Rohé. Many in this group of patients written up by Fred Rohé were copied and used by Nick Gonzalez for technical publication. Under the direction of the former president of Sloan-Kettering Institute, Dr. Robert Good, Mr. Gonzalez spent five years of serious investigation and review of the medical records of Dr. Kelley's patients. Of the thousands of cancer patients available, they narrowed the group down to 1,000 original patients who could meet the high standards of this study. Of the 1,000 qualified patients, many of the "Rohé 50" were used and written up. The 50 patients represented 25 types of cancer, half of which were diagnosed at major medical centers such as the Mayo Clinic, Sloan-Kettering Institute and others. The results of this study were extraordinary.

Group II

Group II consists of patient's stories that were collected and written up in 1982 by Mr. Fred Rohé for his book Metabolic Ecology. They are presented in the patients' own words, and include Dr. Kelley's spontaneous thoughts recorded immediately upon reading them. Mr. Rohé selected 24 patients of the thousands available.

Ovarian Cancer Testimonial

Cindy Hollinger

In April 2001, when Cindy was first diagnosed with terminal, late-stage Ovarian Cancer symptoms, oncologists recommended extremely aggressive surgery including ovary removal, complete hysterectomy, stomach and lung scraping, and bowel resectioning. Following the surgery, they recommended six courses of Chemotherapy... if she should live that long! Being a petite 5’2”, 105 lb, 42-year-old woman, these invasive treatments were refused, especially when told that a two-year survival rate was less than 1%! Ascites fluid drains were never mentioned during these conversations.

Alternative Treatments were then researched on the Internet, and after an exhaustive two-month search, Dr. William Kelley D.D.S.’s comprehensive cancer treatment program for terminal Ovarian cancer was chosen.

During the first symptoms of Cindy’s terminal Ovarian cancer, a Pleural Effusion (fluid accumulation in, or around the lung) was found in Cindy’s right lung. A Pulmonary Specialist drained the lung of fluid three times over the course of two weeks by using the Thoracentisis method. Despite the fact that four oncologists felt invasive surgery and chemotherapy where the only answers, the Pleural Effusion unexpectedly discontinued, never to return.

From April, 2002 – September 2002, as the Ovarian tumors shrank, free-flowing Ascites fluid accumulated intermittently in Cindy’s abdomen area.

Suddenly, during the height of a Red Tide epidemic along Florida’s East Coast (a harmful algae bloom capable of killing thousands of fish and affecting the human immune system), Cindy once again suffered from extensive Ascites fluid accumulation.

From mid-October 2002 to February 2003, twelve frantic trips to the hospital, many on short notice and three through Emergency Room check-ins, resulted in a seemingly endless cycle of Ascites fluid drains in the stomach, abdomen, and left lung, (the right lung remained clear of Ascites fluid) every 8 - 17 days.

The unusual aspect of this period of drains, was the fact that once free-flowing Ascites fluid had encapsulated into bubble-like enclosures, allowing Radiologists to drain them more precisely by using a CAT scan machine. Note: Encapsulation of cancerous Ascites fluid is a frequent occurrence with Dr. Kelleys program.

Quite unexpectedly after the January 27 & 30, 2003 drains, the Ascites fluid caused by the Ovarian cancer began to dissipate in Cindy’s abdomen, while the Pleural Effusion fluid in her left lung never came back!

50 days went by before Cindy showed signs of excessive fluid symptoms and the next two procedures (March 21 & 30), involved minimal drains in the abdomen and stomach areas. The Pleural Effusion in the left lung was now confined to small encapsulated bubbles which to date, have not built up again. Both times the

Radiologist took special care and focused on two or three problematic areas. 64 days later, on June 3 2003 one more drain took place.

The last Oncologist report stated that the tests performed on the Ascites fluid showed that the cancer cells were well differentiated, a very positive sign considering terminal cancer cells are very aggressive, and are typically fragmented and poorly differentiated.

Since that drain in June, 2003, Cindy has minor symptoms relating to Ascites buildup. Typically, 2 - 4 cysts (small bubbles of Ascites fluid) build in the abdomen and stomach areas over a period of 90+ days and Cindy requires minimal parenthesis procedures. This is a far cry from the original Ascites drains of one - three liters each.

These cysts are not painful but do cause minor discomfort as they expand and press on vital organs. For instance, she may have to go to the bathroom frequently because a bubble might be pressing on her bladder, or, she can’t east a lot at one time because a bubble is pressing on her stomach. These are sign that she needs a drain. There are a few other bubbles inside her pelvic area, but they don’t seem to be causing her any problems. The hope is that Dr. Kelley’s enzymes will slowly dissipate these cysts.

The following is a letter from Cindy’s primary physician. It is addressed to Southwest airlines, giving them an update on her health status. It is Cindy's hope to go back to work as a flight attendant in April, 2005. And let me tell you, I believe it’s going to happen! Ken

Hodgkin’s Disease Testimonials

Hodgkin’s disease is a moderately rare cancer of the lymphocyte system and associated organs that claimed 1,500 lives in 1987.

Physicians have classified (in the claimed 1,500) this malignancy system of four “stages” (I-IV). Stage I represents early, localized disease; stage IV defines advanced, widely disseminated cancer involving many organs of the body. Stages II and III include more intermediate forms. Physicians further categorize Hodgkin’s disease by the letters “A” and “B.” The designation “A” refers to patients without symptoms. The letter “B” identifies patients with symptoms such as fevers, chills, night sweats, and fatigue. Hodgkin’s, if untreated, is often rapidly fatal. “A single series of untreated patients reported by Croft in 1941,” writes Devita, head of the National Cancer Institute, “leads us to believe that the course of patients with Hodgkin’s disease, if left untreated, regardless of the stage, is brief, measured in 1 to 2 years. In that series, the median survival was less than 1 year and most patients were dead by year 2, with fewer than 5% alive after 5 years."

At present, the "MOPP" chemotherapy regimen is the most widely recommended treatment for Hodgkin's. This protocol employs four drugs — nitrogen mustard, Oncovin (vincristine), procarbazine and prednisone — given once every twenty-eight days for at least six months. As Devita explains, "Unless chemotherapy is contraindicated for medical reasons, all patients treated with MOPP and other combinations should be given a minimum of six cycles (a dose) or as many cycles as needed to achieve a complete remission, plus additional cycles to consolidate the remission."(1) With protocols such as this, at least 50% of all patients will survive five years.

Michael Moreland

Mr. Michael Moreland is a 37-year old man from Washington State alive nine years since diagnosed with Hodgkin's disease. In late 1977, Mr. Moreland developed mild fatigue and a tender swelling in his neck that rapidly increased in size. In January of 1978 he consulted his family physician, who suspected a low-grade infection and prescribed a course of Penicillin therapy. With treatment, the swelling did decrease slightly over a period of a week, but then worsened. In addition, Mr. Moreland began experiencing drenching night sweats as well as sharp pain in the upper part of his chest.

Several weeks later, Mr. Moreland returned to his physician. A chest X-ray revealed a large upper mediastinal mass, and laboratory studies were significant for an elevated white blood count of 21,000 (upper limit of normal 10,000). Because of these findings, on February 6, 1978 Mr. Moreland entered Vancouver Memorial Hospital in Vancouver, Washington. On admission, Mr. Moreland was noted to have extensive lymphadenopathy in the cervical area, described in the records as: "A very large mass present in the left side of the neck with some surrounding smaller masses also present.

There are some more discrete masses on the right side as well, measuring up to 3 to 4 centimeters in diameter. There is a bilateral auxiliary adenopathy present." The following day, Mr. Moreland went to surgery. Subsequent evaluation of the tissue specimen confirmed an aggressive form of Hodgkin's disease, well-described in the official pathology report: "There is no question that nodules are being formed in this lymph node but in many areas the picture is more than a mixed cellularity type and there are remarkably large collections composed mainly of malignant reticulohitiocytic cells with lymphocyte depletion." With a diagnosis of Hodgkin's confirmed Mr. Moreland was readmitted to Vancouver Memorial on February 13 for additional tests. A chest X-ray showed: "Mediastinal adenopathy which is a little more pronounced on the right. There is evidence of bilateral cervical nodes." A lymphangiogram, a dye study of the abdominal lymph node system, demonstrated extensive disease, as summarized in the records: "Abnormal lymphangiogram due to enlarged nodes caused by Hodgkin's disease at L2, L3 and probably along the right iliac chain."

On February 13, Mr. Moreland underwent a staging laparotomy — exploratory abdominal surgery — and removal of his spleen, a procedure often performed in patients with Hodgkin's. Although the spleen was free of disease, a periaortic lymph node was positive for cancer. At the same time, a bone marrow biopsy was attempted, but the specimen could not be conclusively analyzed. Mr. Moreland was told he suffered advanced Hodgkin's disease, officially recorded as: "Hodgkin's disease, nodular sclerosed type, stage IIIB." His doctors advised that aggressive multi-agent chemotherapy was the only hope for prolonged survival, and proposed their standard six-month, six-cycle course of MOPP. Mr. Moreland agreed to the treatment, which he began in late February as an outpatient at the Vancouver Clinic.

After the first round of drugs, Mr. Moreland became extremely weak, fatigued, and anorexic. His symptoms did improve over a two-week period, but while undergoing the second cycle, Mr. Moreland became severely ill. He did struggle through a third course, but felt so debilitated he decided to discontinue chemotherapy. The attending physician warned Mr. Moreland that without appropriate treatment, he would quickly die, and suggested a six-month course of radiation as an alternative. Mr. Moreland accepted the plan and in late May received his first dose of cobalt to the chest.

Once again Mr. Moreland became ill, and in mid-July, after receiving a total of 4060 rads to the chest and upper abdomen, Mr. Moreland refused further treatment. At the same time, he was not believed to be cancer-free. According to Mr. Moreland, his doctors warned that he would die within a year, unless he agreed to additional therapy.

Mr. Moreland did not change his mind. Instead, after investigating alternative approaches to cancer, he met with Dr. Kelley in late July and shortly thereafter began the Kelley program. Within a month, he noticed improved energy and well being, and within a year, he says he felt better than he had for a decade.

Mr. Moreland followed the full regimen for three years, and today, nine years since his diagnosis, he remains in excellent health. He also has two healthy children, currently, aged four and six; this is unusual, since MOPP chemotherapy causes sterility in a majority of male patients. Despite his abbreviated courses of both chemotherapy and radiation, I believe Mr. Moreland is a relatively simple case to evaluate.

Although there are, in the medical literature, several documented instances of patients with advanced Hodgkin's enjoying prolonged survival after incomplete treatment with MOPP, such cases are extremely rare. While he did undergo radiotherapy, all of it was directed to his chest and upper abdomen. His extensive lower abdominal and pelvic tumors were never irradiated.

In summary, Mr. Moreland suffered Stage IIIB Hodgkin's disease, treated with partial courses of chemotherapy and radiation. When first seen by Dr. Kelley, he was clinically debilitated and not, according to his doctors, in remission; it seems reasonable to attribute this patient's prolonged survival and current good health to his nutritional protocol.

Scott Stirling

Mr. Stirling is a 53-year-old Canadian, alive 27 years since developing Hodgkin's disease. In January of 1971, Mr. Stirling noticed a swelling on the left side of his neck. He consulted his local physician who believed the lesion to be a benign cyst, and no additional evaluation was recommended.

Over the following year, the swelling fluctuated in size. Finally, when his neck enlarged dramatically in June of 1972, Mr. Stirling returned to his doctor, and was admitted to Reddy Memorial Hospital in Toronto. Mr. Stirling subsequently went to surgery for removal of the presumed cyst. However, the mass proved to be a matted collection of cancerous lymph nodes, fifteen of which were found positive for nodular sclerosing Hodgkin's disease.

Mr. Stirling was transferred to Princess Margaret Hospital for further study and treatment. Serial X-rays of the mediastinum (mid-chest) showed no evidence of metastatic disease, but additional X-rays confirmed extension of cancer throughout the pelvis, described in the radiology report as ". . . filling defects and dilated intranodal and peripheral sinusoids in the paraortic nodes on the left. These changes are typical of early involvement by Hodgkin's disease."

A bone scan demonstrated abnormalities in the pelvic region consistent with metastases, summarized as: "Increased deposition of activity in the left side of the pelvis and the left sacroiliac joint. Appearance suggests the possibility of an abnormality of this site."

A liver-spleen scan revealed an enlarged spleen, and a liver infiltrated with tumor. The records describe: "Appearances on the anterior and right lateral scans are strongly suggestive of the presence of a space occupying lesion located in the anterior right lobe (of the liver) — There is also poor concentration of activity within the left lobe, suggesting the presence of an extensive infiltrating lesion. The spleen is moderately enlarged."

The standard six-month, six-cycle MOPP chemotherapy protocol was recommended. After agreeing to the treatment plan, Mr. Stirling received his first round of MOPP as an inpatient on June 30, 1972. He tolerated the chemotherapy without significant side effects, and was discharged from the hospital in early July. But after the second course of drugs, Mr. Stirling developed severe weakness, fatigue and anorexia. He did eventually recover, and returned to the hospital for a third round of MOPP in late August. While being treated, Mr. Stirling again became very ill, and insisted the chemotherapy be stopped. At the time of discharge several days later, he was told he most probably would not live a year.

Mr. Stirling then began a long automobile trip through the United States. In September of 1972, while staying with friends in Arizona, he quite by chance learned of Dr. Kelley's work. Several days later, he was on the road again, heading for Dallas and an appointment with Dr. Kelley. Within a week, Mr. Stirling had begun the full Kelley regimen.

Shortly after, the lymph nodes in his neck and auxiliary regions suddenly enlarged, within a period of months, the swelling regressed, and today, 27 years after his diagnosis, he still follows the Kelley Program, remains cancer-free and is in excellent health. Although a single course of MOPP can cause sterility, Mr. Stirling now has two children of his own and a third by marriage.

In summary, Mr. Stirling suffered widely metastatic, stage IV Hodgkin's disease. After an abbreviated course of MOPP, the disease recurred explosively. However, Mr. Stirling's cancer went into remission, apparently for good, as he pursued only the Kelley Program. Update December 1998; Scott and family are doing fine, cancer free, healthy and happy in San Diego.

Lung Cancer Testimonial

Philip Bonfiglio

Mr. Philip Bonfiglio is a 52 year-old man from Ohio, who has survived 13 years since his diagnosis of metastatic squamous cell carcinoma of the lung.

In early 1974, Mr. Bonfiglio, a heavy smoker, developed a persistent upper respiratory infection and cough. He consulted his family doctor, who prescribed a course of antibiotic therapy. Despite the treatment, the symptoms only worsened, and in March Mr. Bonfiglio returned to his physician. At that time a chest X-ray revealed a 3-centimeter (cm) mass in the upper lobe of the right lung.

Mr. Bonfiglio was admitted to Akron City hospital on April 7, 1974, and the following day went for exploratory chest surgery. He was found to have a large inoperable tumor in the right lung that had metastasized to many lymph nodes. These findings are clearly described in the operative note: "A tumor approximately 4 cm in greatest diameter was found in the periphery of the posterior segment of the right upper lobe (of the lung). In the area below the azygos vein were multiple nodes, which extended posteriorly up along the vena cave and acquired a maximum diameter of about 3.5-cm. Because of the massive involvement of the mediastinum, curative resection was not feasible."

Evaluation of a biopsy specimen confirmed: "Poorly differentiated carcinoma consistent with squamous cell type." In addition, all lymph nodes removed at surgery were positive for metastatic disease.

Mr. Bonfiglio's doctors recommended a course of cobalt radiation treatment, which he began while still hospitalized. Nevertheless, he was told that even with such treatment, his chances of surviving one year were dim. In the discharge summary, the attending physician wrote: "The patient, due to the metastatic nature of this carcinoma, does have a poor prognosis."

Mr. Bonfiglio completed the suggested regimen of 5,000 rads to the lungs as an outpatient. When the tumors continued to grow despite the radiation, a course of intensive chemotherapy was proposed. But since his disease was believed incurable, Mr. Bonfiglio refused all further orthodox treatment. Instead, Mr. Bonfiglio decided to investigate unconventional cancer therapies. He soon learned of Dr. Kelley, consulted with him and began the Kelley Program in late spring.

Over a several month period, his persistent respiratory symptoms resolved, and within a year, Mr. Bonfiglio says he felt better than he had for a decade. Today, 13 years after his diagnosis, Mr. Bonfiglio still follows his nutritional protocol and is in excellent health with no sign of his once metastatic disease.

Squamous cell carcinoma of the lung is one of the most deadly of cancers. The five year survival rate for patients with stage III disease, regardless of treatment, is less than 5%.(1) Stanley reports a median survival of only 24-27 weeks in 32 symptomatic patients, such as Mr. Bonfiglio, with unresectable tumors.(2)

In summary, Mr. Bonfiglio suffered inoperable, mestastatic lung cancer, which did not respond to a course of cobalt therapy. It therefore seems appropriate to attribute this patient's long-term survival to the Kelley program.

References:

1. Devita, VT, et al. Cancer — Principles and Practice of Oncology. Philadelphia; J.B. Lippincott Company, 1982, page 409.

2. Stanley, K.E. "Prognostic factors for Survival in Patients with Inoperable Lung cancer." Journal of the National Cancer Institute. 65:25-32, 1980.

Colon Cancer Testimonial

Robert Beesley

Mr. Robert Beesley is a 67 year-old man from Iowa who has survived nearly 12 years since his diagnosis of metastatic colon cancer.

In mid-1975, Mr. Beesley first became fatigued, and developed severe constipation alternating with episodes of watery diarrhea. Some months later, after noticing bright red blood in his stool, he consulted his family physician who referred him for tests at a local clinic.

At that time, a barium enema revealed a large, 5.7-cm. mass in the right colon, which was believed to be consistent with cancer.

On July 7, 1975, Mr. Beesley was admitted to Iowa Methodist Medical Center for further evaluation. A liver-spleen scan was Positive for a "suspicious defect of the left lobe of the liver." It measured approximately 2.5 centimeters in diameter.

Other studies, however, including chest X-rays, showed no sign of metastatic disease. The following day Mr. Beesley went to surgery for removal of the right half of his large intestine.

In addition to the colon tumor, he was found to have unresectable metastases in both lobes of the liver, described in the operative note as "two lesions in the liver, one in the right and one in the left lobe of the liver." The right one was larger than the left, measuring about 2 by 2 cms.

Review of the specimen confirmed a fulminant grade III Adenocarcinoma extending into the adjacent tissues, as described in the formal pathology report: "The rectal pouch is filled with bulky ulcerated neoplasm, which is almost completely circumferential measuring 10 by 6 by 2 cm. Tumor infiltrates directly into the contiguous mesentery (the tissues adjacent to the large intestine)" — Mr. Beesley was told he might live three to six months, at most.

The attending physicians, believing him beyond cure, recommended neither chemotherapy nor radiation.

After leaving the hospital on July 21, 1975, Mr. Beesley decided to investigate unorthodox approaches to cancer. Later that summer, he learned of Dr. Kelley, consulted with him and began the Kelley program. Mr. Beesley continued the full Kelley regimen for seven years before tapering down to a maintenance program, which he still follows. Today, despite the initial terminal prognosis, he is in excellent health and cancer-free. Although he has not been formally evaluated since his original surgery 12 years ago, Mr. Beesley believes his continued survival is proof enough of his cure. Colon cancer, when metastatic to the liver, is invariably rapidly fatal.

Pestana and colleagues at the Mayo Clinic report a mean survival of only 9.0 months in 353 patients presented with liver involvement.(1) In similar studies, Bengmark describes an average survival of only 7.8 months(2), and Morris a median survival of 11.4 months.(3)

Obviously, Mr. Beesley's progress represents a most unusual outcome for this disease.

As a footnote to this case, the author was surprised to learn that supporters of Lawrence Burton, an unconventional therapist with a clinic in the Bahamas, had been advertising Mr. Beesley as a "Burton Success." When I mentioned these reports to Mr. Beesley, he explained that he received several weeks of Burton Therapy in the fall of 1975 — after he had already improved significantly on the Kelley program.

Furthermore, Mr. Beesley claims he never finished the prescribed Burton protocol, and never received any further treatment from Burton. Mr. Beesley himself attributes his recovery to his many years on the Kelley regimen and not to Burton.

Unfortunately, I have found over the years that many unorthodox therapists repeatedly claim Dr. Kelley's long-term patients as their own; misrepresentation obviously does not help cancer patients.

References:

1. Pestana, C., et al. "The Natural History of Carcinoma of the Colon and Rectum." American Journal of Surgery 108:826-829, 1964

2. Bengmark, S. and Hafstrom, L. "The Natural History of Primary and Secondary Malignant Tumors of the Liver." Cancer 23:198-202, 1969

3. Morris, M.J. et al. "Hepatic Metastases from Colorectal Carcinoma." Aust. & New Zealand Journal of Surgery 47:365-368, 1977.

Breast Cancer Testimonials

Sonia Nemethy

Mrs. Sonia Nemethy is a 53-year old woman alive more than 17 years since diagnosed with breast carcinoma. She first noticed a painless mass in her right breast in 1970. After biopsy studies confirmed infiltrating carcinoma, she went to surgery for a right radical mastectomy at St. Anthony's hospital in Florida.

Mrs. Nemethy was believed cured, and received no further treatment at that time. In 1973, after a second tumor developed in the left breast, Mrs. Namethy returned to St. Anthony's and underwent a left radical mastectomy for what proved to be infiltrating carcinoma. Mrs. Nemethy was again assumed to be cured, but over the following year, her health gradually deteriorated. She suffered fatigue, lethargy and bouts of depression persisting for months at a time.

In mid-1974, Mrs. Nemethy also developed pain along the length of the vertebral column and into the right shoulder. By late 1974, the pain was so severe at times she was unable to dress or walk. Although Mrs. Nemethy consulted her physicians repeatedly, an evaluation was not pursued. Finally, in May of 1975, at Mrs. Nemethy's insistence, her doctor arranged for a series of spinal X-rays. These studies revealed an obvious abnormality in the fifth lumbar segment, described as "indicative of osteolytic metastasis disease."

On May 28, 1975, Mrs. Nemethy returned to surgery for a bilateral oophorectomy (removal of both ovaries), a procedure doctors hoped would slow the growth of the tumor and ease her bone pain. Despite the surgery, Mrs. Nemethy was told she probably would not live out the year.

In desperation, after leaving the hospital on May 31, Mrs. Nemethy decided to investigate alternative cancer therapies. She quickly learned of Dr. Kelley, consulted with him and began the Kelley Program in the summer of 1975.

Within six months, the persistent pain and depression completely resolved. Furthermore, a bone scan performed at the end 1975 showed some improvement, and a third bone scan from mid-1976, was completely normal.

Today, 12 years after her last episode with cancer, Mrs. Nemethy still follows the

Kelley program and is in excellent condition.

As discussed previously, the five-year survival rate (at that time) for patients with metastatic breast cancer approaches 0% regardless of therapy. And ophorectomy, which may lead to symptomatic improvement in this group, is not curative. As Hellman writes, "In patients whose tumors are estrogen dependent the procedure can be expected to induce a regression lasting 9 months to 12 months. In unselected series (of patients) almost 30% to 40% of patients will respond. Prophylactic castration (ovary removal) following mastectomy does not decrease the potential relapse rate or prolong the survival of those who relapse."(1)

In summary, this patient developed evidence of metastases after successive mastectomies for recurring breast carcinoma. Although she did undergo oophorectomy, Mrs. Nemethy continued to deteriorate after the procedure. Her extensive disease and many symptoms resolved only after she began the Kelley Program.

Judy S. ~ Glendale, CA

9-Year Victory Over Breast Cancer

In January of 1973, I had another checkup from my breast doctor in Beverly Hills (a breast surgeon, tops in this field). I had been going to him every six months for two years, then every four months for one year, then every two months until January of 1973, at which time he told me the lump in my left breast had gotten very large and I would have to go to surgery. His nurse told me he was an expert and that he could tell by feeling the lump if it was malignant or benign and that a mammogram gave a 96% account of the tumor whether it was malignant or benign. The doctor explained how nicely he would remove the breast, etc., and about bras for women whose breasts have been removed. He also was going to Europe for two months; my surgery would be scheduled when he returned.

I had read Dr. Kelley's book some months before and I decided to go to one of our local health food stores where I had bought the book to talk to the owner, who was always well informed on natural foods and vitamins. She told me to call some people in town who had gone to Dr. Kelley and that I should by all means go to him. I was very encouraged when I talked to the people who had gone to Dr. Kelley. All had cancer at one time, and one person in particular was most helpful to me.

I was just starting a new job at this time as a singer in a famous Italian restaurant singing opera and musical comedy. This was several times around for me to "start" my career again after having three children and being a housewife for a few years. I was very excited but was not feeling good.

I flew to see Dr. Kelley, then in Texas, and my cancer count was 600. I took Dr. Kelley's advice, went home and started on his program of diet, enemas and supplements. I was weak at first but in a few months I really started feeling so much better. My husband was totally against the program, my friends at church thought I was crazy and I found it was difficult to pay for all the supplements, but I was determined to stay on the entire program.

I kept my appointment with the breast surgeon but had been on Dr. Kelley's program for two months when I returned for my examination. I was told the lump had gone down and no surgery was needed. I left his office in early March of 1973 and have not been back since. The following year I was not only singing four nights per week but was working at a very busy TV station eight hours per day.

I continued to see Dr. Kelley once a year and my cancer count continued to decrease until my last checkup in August of 1977 when my cancer count was 60, which Dr. Kelley says is normal.

I couldn't say enough about how I would never take any other treatment for cancer than Dr. Kelley's. In fact, I consult him on all my physical problems, I wouldn't think of taking another doctor's advice without asking Dr. Kelley's first. I tell everyone about Dr. Kelley!

I am a most happy and satisfied patient of Dr. Kelley!

Dr. Kelley: "Many people want me to make decisions for them: Should I have chemotherapy? Should I do this? Should I do that? Should I do what the doctor tells me to do, or not to do what he tells me to do? These kinds of questions have given me many, many hours of frustration and anxiety. First of all, I am in a legal position where I cannot tell the patient not to do what the doctor tells them to do. And I know the physician does the very best he knows how. It is just that he is suffering from a great deal of ignorance. So, legally I am in a very bad situation.

"Morally, I am even in a worse position. It becomes quite a dilemma in my mind. All of us would like to take the easy way out and have somebody make our decisions for us. But that doesn't give us the education we need and the experiences that are our responsibility to take on.

"So, the way I address the problem is this: God has given us a rulebook to follow for our education. He tells us these are the principles we should follow in our life's activities; and if we do these things, this will happen; and if we do those things, that will happen. And then he lets us have the total freedom and free will to do what we will, and live with the consequences. I study and try to find the basic principles.

"In a similar sense, Metabolic Medicine is essentially a program based upon what I have observed in thousands of cases to be sound principles. I am continually improving my understanding of these principles and all I can do is educate the patient to the best of my ability. I look at each patient and say, 'These are the things that I've observed, and these are the principles upon which our program exists.'

"If you have a life threatening situation, such as a tumor mass blocking the colon or blocking the bladder or blocking the stomach or blocking the air passage, you should, of course, address it in such a way as to take care of it. Orthodox medicine has done a very excellent job of addressing life-threatening situations such as trauma, and infections. Each individual patient has to make the decision in a life-threatening situation. If you have a 5-lb. tumor in the abdomen and it is dead from your doing a nutritional program, it's certainly going to be easier to remove this 5-lb. tumor and throw it away than it would be to sit there and have your immune system and body chemistry gradually dissolve it, using a lot of energy and stressing the body to dissolve it into the bloodstream and then cleaning out the bloodstream through the liver and the other organs of elimination.

"In any situation that is addressed, you have to hold to basic principles and do some ecological thinking. It would be stupid to say you are going to follow a nutritional program when a tumor is blocking the intestinal tract and you can't get any food into your body and you can't get any nutritional support. It would likewise be stupid to say, 'I am going to take chemotherapy because I have a snarled tumor in my colon and I'll take chemotherapy to the point of death and then have a better chance of survival.' Every situation is addressed individually, with understanding, knowledge and wisdom."

References:

1. Devita, VT, et al. Cancer — Principles and Practice of Oncology, Philadelphia; J.B. Lippincott Company, 1982, page 945.

Violet J. ~ Stanley, IA

7-Year Victory Over Breast Cancer.

I am a farmer's wife, age 53. We live in a modern, ranch-style home in Northeast Iowa. We raise cattle and have about 500 acres in diversified farming. We have always been active in church, farm bureau, school, and community affairs. We have four married children.

I have worked outdoors doing fieldwork, chores, chickens to tend, and a large vegetable and fruit garden. My children had lots of sickness from tonsillitis to chronic bronchitis, and coughing day and night with high fevers. When we learned about chiropractic, that helped us a lot. When our youngest daughter was 14, she missed six weeks of school with headaches as a forerunner of arthritis. She was in three different hospitals, with all the typical medical tests done, showing nothing but arthritis. They sent us home with the comment that there was nothing they could do for her arthritis but give her 6 to 20 aspirin a day. From here, I studied nutrition like mad and would give her various things for her condition and she improved dramatically. The next year, she needed a health examination so she could be a lifeguard and the doctor told us he had never seen anyone so healthy. I told him it was all the nutrition I was giving her and he said that had nothing to do with it, but I knew it was the answer. We have had numerous medical doctors but none knew anything about nutrition or will admit it has anything to do with health.

I spent nine years working with the American Cancer Society as door knocker, county chairman, crusade chairman, at district meetings and state conventions. My mother died of cancer. I know what the word “cancer” means — the hopeless feeling, the despair — and I am scared to death of it. When I made my last call on a dear friend who died of cancer, I wanted to say to her: “I’ll be the next one,” for I had found a lump in my breast at that time; also, I was having digestive disturbances. This was three years after I started learning about nutrition. I have read a lot of books, health magazines, etc. I knew what medical science was doing. I was determined I would not go to be butchered at the hospital. I said nothing to anyone about the lump. It got larger as time went on. I was trying to eat right, as much as I could read in the books.

The following March, my husband wanted to get each of us a life insurance policy. I said nothing but I knew I wouldn’t pass a health test. The doctor told my husband about the lump and I was refused the insurance policy. He told me to go to the hospital and have a biopsy, etc. I wouldn’t go. We went to visit my sister and told her. By this time the lump was plainly visible when you looked at my breast. In a few days she telephoned she had learned of a chiropractor that could help. He had helped his daughter. A light in the tunnel. We started going to the chiropractor three times a week, a 100-mile trip. After a few calls, he told us about Dr. Kelley and advised both my sister and me to go to him, as she had had surgery and they found cancer. In June we made our first call to Dr. Kelley. By this time the lump in my breast was 1-3/4 inches across and there were numerous small ones and even some in the other breast and more digestive disturbances.

Looking back now, I can see the Lord leading me to study about nutrition so I would be prepared to know what I needed when Dr. Kelley set up our nutritional plan. I told our children of the lump in my breast and our plans to go to Texas to see Dr. Kelley. From the beginning, I had the assurance that I was doing the right thing. I had accepted Christ as my Saviour and I knew His perfect peace and was assured of His leading. Our youngest daughter made it plain she thought I should go to a medical doctor. My husband was doubtful, but let me do what I wanted to do.

I ordered Dr. Kelley's book, One Answer to Cancer and started the beginning of the treatment. This looked like a large undertaking. Dr. Kelley was a long way off and would be hard to contact regarding problems from day to day. Still I never doubted that this was the way I should go. I have doctored my children for 18 years with medical doctors and medicines and never had any help. This had to be the better way. I never told my family doctor about the lump in my breast. The only one who knew of it was the doctor who had refused me the insurance policy.

When we went to Dr. Kelley for our test, he counseled us as long as we had questions. We left his office with our programs to follow. My sister and I studied our books all the way home, which was a three-day trip. Dr. Kelley had told us in his book what to expect, how we would feel and what our body reactions would be, so we would be prepared to know what was happening. Whenever we had doubts, we kept remembering that Dr. Kelley had this and he knows what to do. This was our confidence.

I bought a juicer and made carrot and celery juice several times a day. That took a lot of time. Preparing all of the fresh vegetables takes time. But, I had my own garden for years so I knew how much work it is to raise and prepare vegetables for the table. Now we were eating everything raw possible. Even my family cooperated.

Within two weeks, my digestive disturbances were better. At first I'd go out and work awhile and come in to fix carrot juice and lay down to rest. Then get up and go out again to finish the jobs. My family helped carry the water and feed for the chickens, but I still raised and dressed 150 chickens that first summer. In six weeks, I felt really good. I didn't have any of the things that Dr. Kelley had written in the book that I might have. My body responded quickly and I began to regain my strength that I hadn't had for months. I Never Ate One Thing I was not supposed to eat. I took my nutrition exactly as he told me. I have always been a determined person. I did everything as near right as I could or knew to do. This helped me in my diet. If I had even once eaten sweets or anything that was on the list of "no-no's," I wouldn't have been able to win the game. That's what you need — determination to follow the rules.

In six months the lumps in my breasts were gone. I felt much better than I had before. I had not had surgery and the awful ordeal of that, or intravenous feeding, and I still had a whole body. I was telling everyone to eat right. But I did not tell anyone (outside of my family) that I had cancer. People knew I had been really sick, but not what was really wrong with me. I guess I wanted to be sure myself that I could do it before I would tell anyone you could lick cancer with proper lifestyle and nutrition. I continued chiropractic treatment for years, and still do. Mostly when I talk to people about eating properly — not eating food with preservatives, eating raw foods instead of cooked ones — they make light of it and never really listen. Yet, many call me with all of their ills and ask me what they should do. Some I can advise and some don't believe what you say anyway.

Three years later in March, I applied for another insurance policy with another company. I told him I had been refused a policy because of the lumps in my breast. He sent me for another health examination with another doctor. I told this doctor also about the lumps — that I did not go to a doctor but I started taking nutrition and eating raw foods, etc. and the lumps went away. He couldn't find any lumps. They X-rayed my chest and found nothing. Yet he would not believe the nutrition had anything to do with it. He told me I was in excellent health and I got the insurance policy. It was a much larger policy than the one I had been refused because of the lumps in my breast.

In July after the X-rays, I noticed the lumps in my breast again. I had just read an article in the paper that they were finding "hard evidence that X-rays are actually causing cancer." On July 20, 1976, when I discovered the lumps back again, I immediately went back on my original schedule and diet and within 6 months my lumps were gone again. My advice to others would be — don't get X-rays taken. The radiation exposure is too dangerous.

After 5 years with Dr. Kelley, I do not need tests as often as I did. I follow his diet list and my own home grown foods when possible. I continue to take all kinds of nutrition as he recommends. I am not as strict with my diet as I was the first three years but when I don't eat right, or stop the nutrition, I don't feel good and I know what to do to get better again. Dr. Kelley has answered personally all my letters to him about health problems that come up. He takes my telephone calls when I need to know something right away. Good health is something you need to work at daily. Dr. Kelley's advice works. My illness has given my husband and me a better, closer relationship than we have ever known. I know Metabolic Medicine works. It did for me.

Dr. Kelley: "It's hard to appreciate the sorts of obstacles patients had to overcome to see me as a clinician. First of all, I am not a medical doctor, I am a dentist. Second, my office was unbelievably unacceptable when compared to where a lot of these people had gone — to the great clinics and hospitals of our world. They really had to lower themselves to come into my meager surroundings. While adequately appointed and kept immaculately clean by my receptionist, there certainly was no pretension in any respect. On many occasions, people would drive up in their Cadillac or Rolls Royce and drive away because they thought that they couldn't possibly find anything of worth in such an unpretentious office."

Stomach Cancer Testimonial

Elizabeth Wojt

Mrs. Wojt is a 47-year old woman from New Jersey alive 10 years since her diagnosis of stomach carcinoma. Before her bout with cancer, Mrs. Wojt had a long history of general poor health and chronic digestive problems. In 1974, she first experienced episodes of severe abdominal pain that usually occurred between meals, and were relieved by eating. Over the following three years, her symptoms gradually worsened, although she was not normally evaluated until spring of 1977. At that time, a barium swallow revealed a tumor, described in an official report as "suspicious lesion in the fundus and cardiac of the stomach."

Mrs. Wojt was referred to a gastroenterologist, who biopsied the suspect tissue during endoscopy (examination of the stomach with a flexible tube inserted down the esophagus). After review, the specimen was identified as a carcinoma. She was admitted to Patterson General Hospital on April 17, the following day, she went to surgery (for a radical subtotal gastrectomy, which is resection of most of the stomach). The tumor had already metastasized into the surrounding tissues and lymph nodes; the final pathology report describes: "Adenocarcinoma of the stomach with metastases to the gastrocolic nodes and omentum."

Mrs. Wojt was told she most likely would not live a year. Nevertheless, after leaving Patterson hospital in late April, she was referred to the Memorial Sloan-Kettering Cancer Center in New York for possible experimental treatment. But Mrs. Wojt, who already knew of Dr. Kelley's work, decided to refuse all orthodox therapy. Instead, that same month she consulted Dr. Kelley and began the full Kelley program. Mrs. Wojt followed her nutritional regimen for five years. At present, ten years after her diagnosis, she is in excellent health apparently cured of her once metastatic disease. According to Mrs. Wojt, her doctors are "dumbfounded" by her prolonged survival.

Mrs. Wojt is indeed a remarkable case. The five-year survival rate for patients with metastatic stomach cancer is close to zero — even with aggressive therapy. Mrs. Wojt received neither chemotherapy nor radiation after her surgery, and chose to follow only the Kelley program.

Leukemia Testimonial

Thomas M., Alexandria, LA

5-Year Victory Over Leukemia

At age 61, this lawyer, blessed with a lovely wife and eight children, was diagnosed at Ochsner Clinic, New Orleans, as having acute myelogenous leukemia. My friends at Ochsner Clinic opined that the condition was terminal and that I had at best a few months and at worst a few days to live.

Following three courses of Cytosar and Thiogunine at the Clinic (from October 7, 1977 through about mid-December 1977), I fortunately had a remission. I was to continue with maintenance therapy, which the medics told me would, at best, improve the quality of life. There was slim, if any, hope for recovery.

Dr. Kelley's book miraculously came to my wife's attention. We visited him in Washington in December 1977. We were enthusiastic and got on the program and experienced dramatic improvement. The idea that you treat the body, or host, and not the symptoms was so intellectually stimulating and sensible, I wondered why my medical friends and my doctor son could not understand and why they discouraged and belittled my efforts. I very shortly resumed my practice, golf and a normal but different lifestyle.

About midsummer of 1978, it became apparent that to continue the chemotherapy would destroy any hope I had of bodybuilding. These shots would nauseate and disrupt me and would knock my blood count from near normal to complete disarray. My mind indicated that they be discontinued, despite advice to the contrary.

I have continued with Metabolic Medicine and on the complete lifestyle change that holistic medicine demands for optimum health. I have no problems with leukemia since the initial remission was obtained.

I know that when I took the chemo maintenance, my body was disrupted. I know that when it was discontinued, I continued to improve without the disruption of the blood picture and the nausea.

Metabolic Medicine is so sensible, it is hard to see why anyone could dispute that it has a place in the lives of the acutely ill. Nothing is perfect and nothing makes one eternal, but in my case, I am thankful for the opportunity for the benefits of this non-toxic therapy and the miracle it brought for me.

Some call my luck "spontaneous remission," maybe so, I believe that Metabolic Medicine makes for "spontaneous remissions" from the symptoms of terminal illness in those whose bodies have not been abused beyond repair, whether by neglect or over treatment.

Some call letters such as this "testimonials" instead of "case histories." For me, this is a very brief history of my case for whatever value and hope it may give to others.

One last observation ought to be made. Some decry holistic therapy that of “Hucksters” and “Quacks.” Most practitioners of this art (and there are many medical men in this kind of practice) are those who have had a terminal diagnosis for themselves or loved ones and were disenchanted by the hopelessness and horror of traditional therapies. I have met many of the “Greats.” None that I know drive Mercedes automobiles. All are healers and not moneymakers. The cost of a year of holistic medicine for me does not exceed the cost of one week of treatment in any good conventional cancer hospital.

I enjoy my family, my practice and my life. I am grateful for a therapy that has, thus for, worked for me.

Dr. Kelley: “My dear friend Tom brings up a lot of wonderful memories and he brings to mind the subject of soft tumor. Soft tumors, it should be emphasized, are an entirely different condition from what we normally think of as cancer. What are soft tumors? I classify the leukemias, lymphomas, melanomas, tumors of the immune system, and those of the blood system as soft tumors. It’s very frightening that soft tumors are becoming so prevalent in children. Before 1979, we find that the highest cause of death in children was traumatic accidents, such as falling out of a tree or running in front of a car. But since 1979, we find that the leading cause of death of children under 16 is cancer. That is sad commentary on our society. Most of these cancer deaths are from the soft tumors.

“Tom was a patient 62 years of age. A lot of people, as they get older, as their immune systems malfunction, as their energies wane, as they become exhausted, develop soft tumors. Tom was a professional person who had a hard, active life and developed leukemia. It was very, very severe. In fact, so bad that he had started collecting fluid in the abdomen, a condition that is always fatal. It was quite rewarding to have a person with this condition so willing to give 100% attention and effort to following Metabolic Medicine in such a severe, advanced disease. It is always a joy to me to see a patient so conscientious and pure of heart in following the program. In Tom’s case we find that the side effects of the program — such side effects as resuming his law practice and feeling terrific — were quite astounding also.”

Breast and Liver Cancer Testimonial

Rosswitha A. ~ Malaga, Spain

6-Year Victory Over Breast and Liver Cancer

At the time of writing this testimonial, Rosswitha had a 4-year victory over breast and liver cancer. Nutritional Counseling Service heard from her in 1983 and she was in excellent health and enthusiastic about the program.

In June 1976, I discovered a lump on my left breast. My gynecologist sent me to have a mammography done. The result was positive and he told me it was almost certainly a malignant growth. I went to a surgeon who examined me thoroughly and had some more X-rays done. He found I had an enlarged liver and said he would have to do an exploratory operation before doing a mastectomy. After the operation, he told me I had cancer on the liver too and that there was no point in removing the breast. He said he would give me two sessions of chemotherapy. I decided (after two weeks of pills and injections) to go to the University Clinic Hospital in Frankfurt, Germany, where my parents live. The surgeon in Malaga, Spain, gave me a report to take to Germany, which said I had cancer of the breast with a massive growth on the liver and another in the abdominal area.

I had more examinations and a scan test in Frankfurt, and the surgeon there confirmed the Spanish report and said the growth of the tumor was fist-size. He told my husband and myself there was no cure and the most we could hope for was a remission. He would not say how long a remission. He advised me to have a mastectomy to remove the primary growth in the breast and to have the ovaries taken out to change the hormone balance in the body, which would make the subsequent chemotherapy treatment more effective.

We were given the impression that there was no time to lose and little alternative. I decided to have the surgery and chemotherapy in the hope that it would give me a remission and enough time to seek a cure elsewhere. By this time I was feeling bad. I was suffering, I think, from the reactions of the chemotherapy in Spain. I had an infection in the bladder, which was painful. My hair was beginning to fall out. I felt weak and depressed. When I returned to the hospital a few days later for the operation, I could hardly walk. I was operated on July 28 and started chemotherapy (injections) on September 1.

I stayed in the hospital only three days after each chemotherapy treatment, and, after the third session, the doctors began to comment on this, comparing me with the other patients, who were on their backs for days after the treatments. I suggested it could be due to the diet I was on. The moment I learned I had cancer I had put myself on a healthy diet, cut all the chemicalized foods, and made adjustments to it when a friend in Germany gave a book on food for cancer patients. The doctors and nurses seemed amused at this and said I could eat anything I wanted — it would make no difference. I continued with my diet.

There was a woman doctor in the chemotherapy ward who seemed more willing than the others to discuss my problem with me and I told her of my intention to seek a cure and showed her a booklet on Dr. Nieper of Hanover. She had not heard of Dr. Nieper or his treatment and told me I was responding well to the chemotherapy and should forget about any other kind of treatment until I had completed the chemotherapy sessions. I couldn't forget about it, though, as I was becoming more convinced that chemotherapy was not going to give me the long remission I had hoped for and that I had better look quickly for an alternative treatment.

When I was told I had cancer, my husband and myself did the contrary to what many people do in this situation; we told everyone we knew about my problem, hoping somebody could point us to a cure. My husband, publishing the English-language magazine on the Costa de Sol (an international retirement center full of informed people from all over the world), is in a good position to find out about things, and, even before I began chemotherapy in Frankfurt, we had gathered a lot of information and were writing to a dozen doctors and clinics around Europe who were using unorthodox treatments to cure cancer.

A friend gave us a copy of the Healthview Newsletter at this time, and the long interview with Dr. Kelley in which he explained very clearly his theory and treatment, gave me tremendous hope. Here was proof that cancer was being cured.

I was given a break in the chemotherapy treatment and returned to our home in Spain towards the end of November 1976. The chemotherapy was taking its toll and I felt I was going downhill. I was bald, often depressed, very weak and in pain. Until then, even during the worst moments, I believed I would somehow fight my way back to good health. When I read somewhere that only one in ten thousand survived chemotherapy, I assumed I was going to be the one in ten thousand. Now I wasn't so sure, and was so weak I felt I'd had enough and couldn't go on. The cramps in my stomach became unbearable and we called in a local doctor, a friend of ours, and he gave me an injection to kill the pains. He called my husband aside and told him that he had given me morphine and would come immediately any hour of the day or night to give me more as I needed it. He thought I couldn't live many more days. Another doctor friend, who runs a local clinic where I was having regular blood checks, had received a report from the Frankfurt hospital, which stated I had a fist-sized growth on the liver and several other plum-size growths in the pelvis area. Questioned by my husband as to my chances, he simply shook his head and said, "malo, malo, malo" (bad, bad, bad).

I felt the stomach cramps were indigestion and became extremely careful about what I ate. In fact, at this point I was almost too frightened to eat anything. I knew now I had to do something quickly before it was too late. We began studying all the information we had gathered on cancer cures and set ourselves a time limit of two days to make our decision. This was perhaps the most agonizing time of all. I felt we had to make the right choice the first time, as there wouldn't be time for another.

My Yoga teacher joined us (I had started Yoga some weeks before and each day was doing some simple exercises, mainly breathing exercises, which I believed would strengthen me and help me relax). We had several books on cancer treatments but kept coming back to Dr. Kelley's One Answer to Cancer. It made sense to me and I was particularly impressed by the fact that Dr. Kelley had gone through what I was going through and had cured himself. I had felt convinced about Dr. Kelley for weeks but I was put off by the distance I would have to travel to see him. He seemed so far away and I dreaded the journey.

I made my decision at the end of two days and phoned The Kelley Foundation in Winthrop, Washington. As much as my husband wanted to go with me, we agreed that it would be more practical if he stayed at home with our three small children (ages 5, 7, and 9) and I be accompanied on the journey by my yoga teacher, who — being American — would probably prove more useful during our time in the States.

Winthrop was quite a contrast to the hospital in Frankfurt. I had been very impressed at first by the vast buildings, the army of doctors and nurses, the apparent efficiency of the Frankfurt hospital and felt, mistakenly, I had come to the right place and that here they must be clever enough to cure anything. Arriving in Winthrop, I wondered if it could be possible that such important work as Dr. Kelley's was being carried out in such a tiny place miles and miles from anywhere.

Dr. Kelley himself was quite different from the doctors in Frankfurt who had made me feel I was being a nuisance every time I asked a question about my condition and treatment. This attitude I had found frustrating, as it was my life in their hands and I considered I had a right to know exactly what they were doing with it. The other patients didn't seem to mind being treated like children who should keep quiet and do as they were told.

At least, I never heard any ask questions about the treatment they were receiving or drugs they were being given. When I suggested to a fellow patient receiving chemotherapy and in constant pain that she eat something healthier than Frankfurter sausages and ice cream, she said the doctors knew best and they would surely not give her food that was not good for her.

At last I was speaking with a doctor who treated me like an intelligent human being and was quite willing to discuss all the details of my illness. Dr. Kelley explained everything very clearly, admitted I was in a bad state but said he saw no reason why I shouldn't come through if I followed the treatment. It was largely up to me. I felt tremendous relief and hope. It was like the chance to live had been taken away and was now being given back to me. I now had a chance and it was all I asked for. If my recovery depended largely on my own efforts, I felt confident I would succeed, as I was ready to do anything to get well.

Returning home, I stopped off at Frankfurt where I had a mid-December appointment for more chemotherapy. I hated the idea of having more drugs pumped into me but relatives and friends at Frankfurt, nervous at the thought of my dropping the orthodox treatment, advised me to keep the appointment, and Dr. Kelley did not seem opposed to the idea of my having one more session. I went to the hospital but the moment they started giving me the injections I felt I had made a terrible mistake and that all the drugs were going to do was poison my body and weaken it even more.

I felt terrible afterwards. I was in bed for several days with pains, nausea and exhaustion, and I felt very depressed. I felt so weak I couldn't face the journey home to spend Christmas with my husband and my children. I spent all Christmas day vowing I would take no more drugs. All I wanted now was to go home and start Dr. Kelley's program.

I began the nutritional program on January 3, 1977. Swallowing all the supplements and taking the morning enema was a bit of an effort at first but after a few days I got used to this and it became routine. I suffered none of the reactions Dr. Kelley warned me about. In fact, I began to feel better almost immediately. The pains went and, except for an ache in the shoulder during a bout of flu last winter, I have had none since I started the program.

I followed Dr. Kelley's advice and became selfish for a few months, concentrating all my thought and efforts on my own health and helping my body to become strong again. I continued my daily yoga exercises. I started a vegetable garden so we could have fresh vegetables. I began to make my own bread, made from whole-grain flour we bought from an old mill in an inland Pueblo. I felt now I was doing something positive and, after months of pain and depression, was now on the road to recovery.

After eight months, I was re-tested and Dr. Kelley wrote me to tell me I was making very good progress. This was tremendously encouraging but I already knew in myself that I was getting stronger with each week that passed. Around this time, I went to see the surgeon in Malaga who had examined me the previous year. He examined me and was amazed that he could no longer feel the growth on the liver. He said he thought it had gone. I wondered whether he was trying to cheer me up but we later learned through a mutual doctor friend that he discussed my case during a medical reunion in Malaga and said I was taking some weird treatment in America and, whatever it was, it seemed to be working.

We have several doctor friends here in Spain who are familiar with my case.

Whenever I see them, they seem very pleased to see how well I am looking but show no curiosity nor do they express the slightest interest in the treatment I am on. This puzzles me as I should have thought a doctor, more than any other person, would want to know how I am recovering from an illness they regard as incurable and which, according to them, should have killed me more than a year before.

After a year of staying most of the time at home and concentrating quietly on the business of getting well and following my nutritional program to the letter, I began, little by little, to go out and become more active. I consider I am now leading a normal life. I run a home, am involved in the PTA at my children's Spanish school, and help my husband in the office three times a week.

I might still have some cancer in my body but this does not worry me. I am convinced it is only a matter of months before I am completely cured. Dr. Kelley told me that my illness could turn out to be a blessing in disguise. I could not believe this at the time but now I am sure he was right. I feel I am starting a new life. My family is now eating a healthier diet. And I feel my illness has brought my husband and myself closer together. I also have the added satisfaction of being able to help other people. Quite a number have heard about my recovery and have come to me for information and advice.

Some people I have spoken to have been impressed by the nutritional program but have been unable to believe that the doctors who have put them on chemotherapy could be wrong. Most of them have since died and this saddens me because I feel their deaths were unnecessary. I only wish I had heard about Dr. Kelley earlier and had not submitted myself to surgery and chemotherapy. But this, perhaps, is negative thinking. I feel very grateful that I have been given the chance to get well. I feel lucky to be alive.

Dr. Kelley: "Rosswitha brought to my attention one of the things I just take for granted and should be a characteristic of all doctors — people who are really doctors. She said, 'At last I was speaking with a doctor who treated me like an intelligent human being and was quite willing to discuss all the details of my illness.' That seems to me to be the way it should be, but I have to confess at this point that I am the one who benefits — a thousand times more than the patient does. Every single patient I have had the privilege of working with and talking to taught me more than I could ever teach them. Patients have given to me more than I could ever give to them. The lessons that I've learned working with each one of them have been such a beautiful experience that I just can't go on and leave it unmentioned here.

"I find it really sad if the clinician can't learn from each patient. I can't comprehend the clinician having this phenomenal educational institution right in front of him and not learning a great deal. Not only did I learn a lot, but the people paid me to learn and I always felt a little guilty about that. I learned so much that it looked to me that I ought to be paying them. But I wouldn't have been able to function if they hadn't been paying me to be learning to do a better job each day. I certainly appreciated it and I hope it has been a feeling of mutual gain on both of our parts.

"Rosswitha brings to mind a comparison of cancer with diabetes. Before Dr. Banting and Best discovered insulin in 1918 in Canada, a person would have diabetes and would ask the doctor if it could be anything he was eating, and should he change his diet in any way? And the doctor would say, 'Oh no, it doesn't make any difference — eat anything you want, you aren't going to live much longer anyhow, so just live it up and eat whatever you want.' Doctors couldn't connect the diet and diabetes. Even lay people in those days figured out that if you ate a lot of leafy green vegetables and reduced the amount of sugar that you took in, you survived better and did well — better than the person who didn't watch his diet.

"And so it was that after the development of insulin, doctors figured out that there is a factor in diet. In the early 1920s there weren't very good analytical facilities available. But the doctors empirically found that the people who ate green leafy vegetables, and a few other foods, survived diabetes much better and the sugar count in their urine was much better. They had a saying in the medical community at that time that leafy, green vegetables had 'natural insulin' in them. It wasn't actually the truth, but they became aware of the fact that including these vegetables in the diet did play a role and they were trying to explain it. We're in the same situation now with cancer. Some day in the near future, it will dawn on the medical community that diet makes quite a difference in people with cancer, and greatly affects health in general. It can't happen too soon. When it does, a lot of lives will be lived more healthfully and a lot of lives will be saved."

Pancreatic Cancer Testimonial

Donnella Z. ~ Amarillo, TX

8-Year Victory Over Pancreatic Cancer

The parents of the patient relate this testimony.

Female: age 27, no history of smoking, drinking or drugs; attack of hypoglycemia between ages of 15-17.

November 1973 (when D was 20) was our first indication of a problem. D was stricken with aches and pains and fever. A 3-day flu had been hitting our area with similar symptoms so at this point we were not overly concerned. After several days of unsuccessfully trying to keep her temperature down, we decided this was something other than the flu. At the emergency receiving room of our hospital, chest X-rays, blood tests and urinalysis failed to locate her problem. Her temperature range for a 24-hour period went from below normal to 106°F. We were referred to a M.D. who specialized in internal medicine.

Thus began a nightmare that lasted many weeks. Testing for one week as an outpatient ended in no answers. She was rapidly going downhill — weakened by the many hospital trips. We were advised to admit her into the hospital for extensive testing. Up to this point in our lives we had never even considered the fact that anyone could be this sick and not have a physician give the reason. We feared in the beginning a serious disease, but as time went on we would have welcomed anything that would have been a concrete answer. Watching D dying with no apparent reason left us quite helpless except for our faith in God. As time went on we found ourselves doing more praying and less reaching out to Man for answers. We needed a miracle and we had no doubt where that would come from.

Biopsies, scans, X-rays, bone marrow tests and blood taken every two hours became our way of life for the next ten days. No answers. D losing ground. Six local doctors and two consulting doctors from a larger city failed to find anything that could be causing death.

By now D had lost 40 pounds, most of her hair had fallen out, her menstrual periods had stopped, severe anemia and painful hot lumps traveled all over her body. Massive doses of penicillin and streptomycin had caused a near total hearing loss. She was dying from malnutrition.

The week before Christmas the doctor informed us that D had run out of time. The only thing left was exploratory surgery. After questioning the doctor closely about her chances of coming through the surgery and of their chances in finding the problem, we decided to take her home. It was a big decision. If she was going to die, we wanted her to be at home where her loved ones could be with her. No more tests and definitely no hospital, we were leaving for home with a lung fungus medication although all tests were negative.

Little did we know that this would be the turning point in our battle. Everything was downhill from there out except for one minor incident.

We were on our own now but somehow had a strange feeling of relief. We had no intention of just sitting and waiting; we could not just do nothing. We began with Adelle Davis' anti-stress formula and large dosages of vitamin C — (the doctor had refused to give D any vitamin C through the vein while in the hospital.) We had been taking natural vitamins for several years and knew vitamin C would do no harm. As we look back we know that this was God's way of letting us know we were finally on the right track. Many people all over the USA were praying which resulted in two tired weary people getting divine guidance directly from God daily.

Five days after the vitamin C was given, her temperature was normal. God in simplicity, restored life to a dying body.

Our first visit to the doctor's office three weeks later found D improved in every area, strong enough to walk, hair growing, appetite normal and gaining weight. The doctor's face could not hide his disbelief. His associates came for a look-see too. After we explained what we had done, he checked her records and gave all the credit to the fungus medication. He was so sure and convincing, we made our first blunder since leaving their hospital. We cut back on the vitamin C and concentrated on the medication. Her temperature rose immediately. We were shook. After asking God's forgiveness, we resumed with our vitamin C schedule, adding health-building foods as fast as D could take them.

A searching time began as we looked for answers. D was returning to health as rapidly as she went down, but what happened? Would it happen again? Did God want us to go on searching for the answer or accept her healing and let it go at that. God led our steps to the answer.

Because we were involved in a natural business, we had heard of Dr. Kelley. Thinking he could help us with a proper balanced diet that would be scientific instead of guesswork, we began to investigate the possibility of a visit. We had exhausted our finances paying hospital and doctor fees, so back to earnest praying. When we received a check from a friend in the amount that we needed for the trip, we knew God had given us a green light.

In March our first visit to Dr. Kelley was made. We could not believe what took place. Answers instead of questions. How refreshing! There was a problem: A malignant tumor on her pancreas. It was still there. Wasn't God good to keep us searching? (A medical doctor later confirmed the tumor.) Although we were saddened by the nature of her problem, we were relieved to finally have an answer. We were told when her problem started, how long it would take to clear it and a possible reason for the problem beginning in the first place. The diet alone would have been worth the trip, the rest we considered priceless.

Upon our return we began to change our lifestyle to fit D's new program. It was difficult, but we followed it in its entirety without any alterations. D had amazingly few problems and returned to work June 1. (A total leave-of-absence of 6 months.) To date she has had no recurrence of cancer and no major health problems of any nature. She takes vitamin and mineral supplements.

What we have learned about cancer through Dr. Kelley has spared at least eight lives. We would go the same route again well knowing what we would be getting into and knowing the results. D's life was worth it all; the other eight we look at as a major bonus from the Lord. My unanswered question: Why could Dr. Kelley find in one day what many doctors could not find in many months?

Dr. Kelley: "Pancreatic cancer is very devastating and very close to my heart because that's what I had. The average life expectancy of a clinically diagnosed case of pancreas malignancy is two months. This lovely young lady, with eight years' survival, is an example of what can be done with total family unity. This family is a wonderful example of 'how to.' They addressed two contributing factors to successful healing — a positive attitude and the willingness to do whatever it takes to get well.

"Pancreatic cancer has some particular characteristics which are not like other cancers. These characteristics include a lot of excessive gas and very unusual mental states such as very severe nightmares, depression, anxiety and all the negative factors that otherwise happy and cheerful individuals would not have. Such individuals flip into depression and irritation and become hard to get along with.

"D is so nice, it's hard to imagine her being hard to get along with. But even if she was, her parents would have understood and paid no attention. That kind of unselfish support can make the difference between life and death."

Skin Cancer Testimonial

Betty F. ~ Spokane, WA

11-Year Victory Over Skin Cancer

"You have cancer."

When I heard those three words over the telephone my only thought was "I'm going to die!" I was "shook up!" I barely heard the voice on the other end of the telephone tell me to come in and see Dr. S.L. as soon as possible.

Only another cancer patient knows what it means to be told "you have cancer." It is not only a sentence of death; it is a sentence of death linked with severe pain.

I was 46, living and working in New York City when I was diagnosed as having cancer. I had been feeling "poorly" since I was 37 and had had a partial hysterectomy. I was trying every day to live with "feeling poorly" because no doctor I saw was able to help me "feel better." And believe me, I saw many physicians in the

"Big Apple."

Our family physician, Dr. H.H., said I should see a specialist because my periods were too long, I was losing too much blood during each period and I had fibroids. I went to the specialist he recommended who urged me not to wait, but to have the operation "before it was too late." I followed orders. I had the operation. (By the way, I remember being sedated and prepared in the morning for the operation, which was scheduled for 1:00 p.m. I remember not being wheeled in until 4:00 p.m.! I was worried and wondered . . . will I get the right operation? This experience filled me with dismay and created distrust for the medical profession.)

I was discharged with a clean bill of health. Now that I had had the operation, did I feel better? No, I felt worse! I was passing gas, feeling tired and terribly constipated. It did no good to hear nice words of assurance from the doctor or that the tumor they had removed was the size of a five-month pregnancy. I didn't feel better hearing that it was normal for some people not to have daily bowel movements. I felt loggy.

Shortly after the operation and an "OK checkup" from the surgeon, I went to our family physician with the complaint "I have pain in the abdomen." He examined me and was surprised to find a cyst in the former womb area. He asked me to return to the specialist. I refused. I told our family physician that my confidence in the specialist was gone. I asked him to take care of me. After much pleading, he did. He removed the cyst in his office by cauterization. Those were two painful office visits for me.

I still felt rotten. I was fatigued all the time and passing gas much of the time. I had attacks of illness diagnosed as myositis and facial neuritis. I had pains in my abdomen, which were diagnosed as a nervous stomach. The family doctor suggested I take the gallbladder test. I took it. Fortunately, at the time, there was nothing wrong with my gallbladder. I went to the dentist often because my gums were bleeding and my teeth were loose.

I was born with a brown mole on my left cheek. When I was 14, hair began to grow in the mole. It didn't hurt, but I felt a pulsating sensation in the mole area. I saw a doctor who recommended removing the hairs by electrolysis. I did this. Afterward, the doctor said "It looks OK; we'll leave it alone for now, but you should always watch the mole for any changes."

Two years after the hysterectomy operation at the age of 39, the brown mole on my left check started to throb and grow. I saw a skin specialist and had the mole excised. A biopsy was performed. Diagnosis: Non-malignant.

In the fall of 1969, I saw a gynecologist for a checkup. This doctor recommended estrogen because I had had a partial hysterectomy. I took the estrogen for three months only because round white spots emerged on both of my thighs and a growth developed under the arch of my left foot. I had to have this growth surgically removed. This, too, was biopsied and declared non-malignant. At the same time, the skin specialist removed some small growths on my face, forehead and right wrist.

I was depressed; I was still suffering with passing gas; my eyes were deteriorating. I couldn't focus; couldn't see telephone numbers or addresses in the telephone book, found it difficult to read the newspapers. I suffered with muscle weakness and cramps. The latter condition would often strike me at night while I was sleeping with such severity that I would wake up screaming from the pain. My chestnut brown hair was turning gray; the texture was now brittle. Worst of all, my face "itched" 24 hours a day. I wanted to holler because there was no letup of pain. I found I could no longer tolerate any sunlight.

I went to yet another specialist. I gave him a list of my complaints. He gave me a battery of tests, a big bill, and said that the tests showed there was nothing wrong with me. He said, "You're getting older, try to make things easier." He suggested I see a psychiatrist. I questioned him about my facial condition. He said the facial problem was probably part of my active imagination. Ooh, but I was angry when I left his office.

I found the pain in my face intolerable. I made an appointment with a skin specialist in 1971. He performed surgery in his office and said, "We'll do a biopsy but I doubt that you'll get your money's worth," Well, his office is the party that called and told me, "You have cancer." I think I was shocked because I thought I had a charmed existence when it came to surgery and biopsies. After all, I had been through many operations and biopsies and all had been diagnosed as being benign.

I followed the skin specialist's recommendation of going into the hospital immediately and having the "entire cancerous tumor completely removed." He said he was sure this would be the case.

The short hospital stay was an ordeal. For a facial condition, I had to undergo a series of body X-rays and other tests. When I asked, "Why? I was told it was "hospital procedure." I don't know what good they did; I do know it hiked up the bill. In the hospital I had a section between my lip and chin cut again. This biopsy also stated that "the patient has cancer." The doctor said, "Go home, let your face heal and see me in six months."

About this time I began to visit health food stores in my neighborhood. Why? I thought there might be something to taking supplements. I was hoping to find something to take to have more energy. I bought books on health and I bought health magazines. I was investigating another avenue towards feeling better.

I didn't wait six months to see the doctor. I called for an appointment four months later because of the continuing pain. I saw the skin specialist and on January 14, 1972, he cut away another portion of my chin. Another biopsy was performed. Diagnosis: Cancer. He now told me that I should see another type of specialist. In his opinion, I now needed chemo-surgery because the cancer had metastasized and evidently was deeper than he had previously thought. He explained the treatment to me. I would be under the care of a very well known chemotherapy specialist. I would not have to be hospitalized for the treatment. I would go to the hospital for five to ten days on a daily basis from 9:00 a.m. to 5:00 p.m. Special chemicals would be put on my face and where an area revealed cancer, the specialist would cut. After following this procedure, he told me that if my face did not heal he knew of a very good plastic surgeon.

For several reasons, I decided not to follow the above path. First, the expense was beyond the means of my husband and myself, and second, female vanity. I could not bear to think of going out shopping, or going to work with a face any more mutilated with scars and blobs than I already had from previous facial operations described above. I must mention here that after the second facial surgery when the bandages were removed, instead of a scar there was a big blue eruption on my skin, which I named "The Blue Blob." The surgeon said it was the "cancer showing." I reasoned that since neither the surgeon or the skin specialist had cured me — even though I was assured of a cure with each bit of surgery I went through — I was fearful of following the road many of my relatives had. Too many in my family have died of cancer. I can remember hearing the doctors assure them and members of the family that they would recover. Doctors assure cancer patients they will recover till the day the cancer patients die.

The surgeon/skin specialist recommending chemo-surgery wanted me to start treatment immediately. I had quite a time telling him I could not do this immediately; that I had to take care of business and personal matters first. It was difficult but I finally convinced him it wasn't necessary for me to quickly hop into the chemo-surgery program. I promised to call him soon and let him know when I would start the chemo-surgery program. I never did call him, but his nurse and even he called my husband, urging him to reason with me "for my own good."

Right after receiving the "black news," I called my husband at work and told him I wouldn't be back at our place of business or home until I found another way to combat cancer. Don't laugh at me. I knew there must be a way to fight cancer without being cut, burned or poisoned any more. In the summer of 1971, my husband was tutoring in Connecticut. While he was out working one sunny afternoon and I was alone in our hotel room, for the first time in my life I prayed to God for help. I cried and prayed at the same time. I cried because I was in so much pain I let it all out because I was alone and no one could hear me. I prayed out loud; I prayed silently. I kept repeating, "If there's a God, then help me find the person who can help me get well." I fell asleep crying and when I woke I thought, "Soon I'll find a way to fight cancer."

While I was talking to my husband, it came to me that my prayers for help would be answered by visiting a health store in my neighborhood that carried a varied selection of books on the subject of health, including cancer. Also, this health store posted notices of health meetings which I noted from time to time, but never attended because I was working when the meetings were held.

After talking with my husband, I took a subway to the health store and read the first four pages of the Kelley book, One Answer to Cancer and got very excited because the symptoms Dr. Kelley describes in a cancer patient have matched mine except for the hernia. That condition I didn't have. I begged and pleaded with the owner of the health store to help me get to Dr. Kelley. She listened but did not answer. I told her I was sure she knew how to help me get the Kelley Test. I broke down and cried and told her I had cancer. Then she gave me the name of a person to contact.

I had my first Kelley Test in late January of 1972. The Kelley Test disclosed that I had only one tumor and that it was in the jaw area of my face. Imagine dear reader; Dr. Kelley told me the location of my cancer sight unseen; he told me the location without subjecting me to painful surgery or biopsies. I say shame on the medical profession for ignoring Dr. Kelley.

The first day I began the Kelley regime I took the Epsom salt "cocktail" and collapsed on my kitchen floor. Yes, I was that full of garbage. I know that today. All my life, until I started the Kelley program, I did not eat food to nourish my body; I ate American Junk Food — French fries, pizza, soft drinks, potato chips, etc.

The Kelley program is not at all similar to any program devised today by the Medical Establishment. You don't take a pill or a few pills; you don't get a shot or a few shots. By golly, you have to WORK to get well. I experienced many unpleasant, unusual conditions I had never experienced before. I had migraine headaches, and all too often, because I went overly "gung-ho" on the program. I developed "Flu-like body aches." The Kelley program of purges, enemas and colonics, cleaning the liver, kidneys and lungs, changing one's diet — shook up my body — literally. At times I could feel my insides turn upside down. Often I felt so "goopy" ill I would complain, "Ooh, how can Dr. Kelley do this to me?" When really what I was saying was, "Ooh, how did I ever get this sick?" I eliminated parasites and even live worms. Our apartment acquired a putrid odor. But then I started having days without passing gas! I also had days when I felt as young as a 12 year old. Then I would have some rotten days of feeling just plain pucky.

I started the Kelley program set up for me in February of 1972, I think it's important to note that the cancer I had changed from cancer to a sebaceous cyst and then to a mydiox or mucus cyst. When my body was ready, according to the Kelley Test, I had the mydiox cyst cut out by yet another surgeon, Dr. W., in 1974 — "The Blue Blob" which one Dr. told me I would have to learn to live with was removed. And, yes, my face is no longer a mass of scars.

The family physician, Dr. H.H., who was preparing my husband to accept my coming demise just couldn't believe the change in my face. When he saw the cancer was no longer there, he said, "My diagnosis and the biopsies were wrong; we were all mistaken. You never had cancer." I just couldn't believe his attitude; I can only guess that because of his medical training he couldn't see beyond "The Establishment." It is also my guess that if he were to recognize a non-toxic therapy, it would negate his schooling and work and further, it would be mentally painful because he has lost many patients from the dreaded disease of cancer.

Three years ago, in 1975, my husband and I left New York City. We now reside in Spokane, Washington. We left the tall canyons of the building in New York City for the tall Evergreens of Washington State.

I'm lucky; I no longer have to combat the pollution that exists in New York City. I find living in a smaller city compatible to my health. I enjoy the beauty of nature — birds nesting in an Evergreen in our backyard, cats meowing, dogs barking, crickets chirping. It's lots better music to my ear and soul than the honking of cabs and cars, the sirens of police and fire trucks.

I work full time. I clean my own house, do the laundry, cooking and gardening. I enjoy my grandchildren. I'm happy to be alive. I am grateful and say thanks in my prayers every day for Dr. and Mrs. William Donald Kelley and the Kelley program.

Dr. Kelley: "Betty brings to mind one of the important features of the current cancer situation; many people prefer to do nothing than to go through being tortured by chemotherapy and radiation and mutilated by surgery. They just ask for pain medication and leave. Interestingly, studies have proven that you last longer if you do nothing, rather than take a lot of the treatments that go on at this time.

"We are coming to a time, particularly in our country, where there is hardly a family that has not lost a close friend or relative to cancer. And the family has watched this person go from fairly robust good health to a skeleton and be tortured by the treatments. When you have had one or two friends or relatives go that way and the doctor tells you that you have cancer, you don't jump right into the next operating room or in front of the next X-ray machine that rolls by. You think about it, you consider it, you remember your friends' or relatives' story and give it a lot of serious thought."

Bone Cancer Testimonial

Ina S. ~ West, FL

9-Year Victory Over Bone Cancer

I would like to tell others what Dr. Kelley's book, One Answer to Cancer, did for a number of us but more especially just how it began with me.

Doctors had tenderly, but emphatically, told me that they could do nothing for my condition. It was apparently cancer of the bone — and as lovingly as a father, with tears in his eyes, one doctor said: "You'll get worse until — ?" He left me immediately. Somehow I didn't feel shaken at all. I felt so secure in God's hands. I knew the doctor in the clinic had told my son that it was a matter of 3 to 6 months. This doctor said the spine was hopelessly deteriorating. Nine vertebrae were collapsed. This caused cramps across the shoulders and chest. When the attacks came upon me I was in such pain as to have to have pain-killing relief by medication. These tablets had such severe side effects that I could not endure them.

My bones were brittle and, as the doctors told my son, they were like chalk. So small a pressure as a bump of my elbow against the ribs would crack a rib. Faith in God as my greatest physician helped me to hold steady until one day I was touched by His healing power. The healing was instantaneous as to the pain and spine. Doctor's couldn't believe this but I never took an aspirin or any narcotic. There was no pain or cramps. The spine was healed.

At this time Dr. Kelley's book, One Answer to Cancer, was laid on a table near my bed. So I picked it up two or three times. Finally, I realized I was not gaining strength but the opposite was true. However, I never had another pain in my spine nor cramps. So I read from Dr. Kelley's book these words: "Malignancy indicates an active pancreatic enzyme deficiency." I began in earnest to read. Every word sounded so logical and clear. Cancer always seemed like a killer that couldn't be controlled. The killer was too complex. But Dr. Kelley had the key. He was unselfish and tried to put the key on the lowest shelf where all of us, little or big, intelligent or uninformed could all reach the key to one answer! The diet and nutritional program cost a bit but nothing compared to the fruitless efforts of the medical doctors, hospitals, etc. So, on my bed of affliction, growing weaker all the way, I set myself to follow each step of Dr. Kelley's instructions.

Many times I would think, "Perhaps I am wrong in following Dr. Kelley's diet and nutritional program." Our medical doctors wouldn't listen when I told them about it. But, feeling I had nothing to lose, I kept on. Dr. Kelley's book is most valuable. Here, I who knew nothing, was free from those painful unprofitable visits to the doctor's office. Eating differently was never a problem for me — I had been a missionary for 40 years. If a diet would help, I thought I should get on it as strictly as Dr. Kelley suggested — and not just keep eating anything I felt like eating. So I took everything seriously. One year later I felt much better; I was up and out on the road in the missionary services traveling 20,000 miles one summer. However, I felt I needed some guidance so I went to see Dr. Kelley. It had been a constant battle to keep on a strict and proper diet with the stress and strain of my work.

I have gone abroad three times and carried a heavy workload in the U.S.A. to visit among hundreds abroad and at home, and to not eat "junk" food takes a backbone of steel and a conviction that this nutritional program is best. Stress and strain goes with the public appearances and directional work but these five years have been good years, although they were not without battles, but I am able to work 12 hours nearly every day but Sunday.

Even if members of our family and missionary group have no cancer, my husband and I urge all to consider the value of a nutritional diet as a way of life and health. Our grandchildren are being taught the importance of proper diets, purges and careful living.

There are those around us who are dying of cancer unnecessarily. We have suggested the Kelley nutritional program to people we've seen in need, but many have refused to put that much effort into regaining their health and are now gone. We've seen others who have willingly read Dr. Kelley's book in time, and have found the Key and are living examples today of what his program can do.

Dr. Kelley: "When the doctor says you have cancer, he gets your attention rather rapidly and God gets our attention rather rapidly. We address God immediately. Then we realize God has been talking to us all along, we just haven't been listening. He's been trying to communicate with us in several ways short of violating our own free will. The reason that he created us is to let us experience life and to have free will, and to come to him voluntarily and with love and appreciation — not by force, but because of the love that is in our hearts.

"As we address the situation of cancer, we realize that we did it to ourselves and this is, to me, the chief characteristic of God — his respect for our free will. It's one of the greatest lessons I have learned through the cancer situation, through my cancer. God in all of his wisdom and comprehension and completeness and knowingness does not force us to do anything — to be right, to do right, to be kind to each other —

to do anything.

He has set the rules, the requirements, and the example of how we should conduct our life activities, but we are so dumb we can't figure it all out. He has given us great freedom. He has respect for our beings and our persons. He allows us the privilege of getting into trouble. When we do get into trouble we turn around and blame God. Those of us who get into trouble with cancer are learning a pretty tough lesson, but we get the message eventually.

When we get the message, that it is our fault, we turn, and in our pride and haughtiness and all the other things that go along with the proper description of us, we humble ourselves and vow ourselves to reality and truth and righteousness, and then God can talk to us. I just hope those who learn this lesson, as most of my counselees have, don't have to learn it again. Or suffer some other tragedy."

Prostate and Rectal Cancer Testimonial

Walter M. ~ Daytona Beach, FL

11-Year Victory Over Prostate and Rectal Cancer

When I fully realized that the forthcoming biopsy would reveal a malignancy, my emotions completely overwhelmed me. That horrible thought which had plagued me for years could and would come true.

For many years prior to the actual operation, I had been bothered with prostatitis. But with the absence of information and having a strong, youthful body, any thought of potential problems were quickly dismissed. These were things that always happened to the "other guy."

As the years passed by, the problem became more acute and visits to the urologist became more frequent. My attitude then changed to one of concern.

I was granted a brief respite from worry after a needle biopsy showed there was no malignancy. But still there was the burning and discomfort that intensified when my wife and I would take long trips by car. The embarrassment of having to urinate regardless of passing traffic played havoc with my nerves. There was a time when it became so irritating that it was necessary to visit a clinic in another state while traveling, in order to obtain relief. And it was the usual prescription of antibiotics. But it did provide temporary relief.

One night while preparing to retire, I sat on the edge of the bed to remove my shoes. There was a pain in the rectal area that surpassed all other pain. It was impossible to sit. After an emergency visit to our family physician brought relief, I returned to the urologist and was told there was a nodule on the prostate. This did not cause me any great concern until I read about the possibility of cancer when a nodule appears.

My procrastination forced my wife to make an appointment for me with a local urologist. My medical records were sent to him and after an examination and consultation I was informed that I needed surgery.

After the operation and a painful recuperative period my self-confidence was beginning to re-surface. But the following year a devastating bombshell exploded. There was a definite recurrence, which manifested itself in the rectal area.

When the second operation was over and my period of recuperation felt complete there was another horrible and terrifying jolt. There was an elevation in the acid-phosphatase reading. It was then I felt totally defeated and resigned to my fate as another victim of cancer. However, this resignation was not gracefully accepted. My emotions gave way and negative thinking controlled me.

Our son contacted a health food store owner who, by the Grace of God, was familiar with the Kelley program. After much insistence by my family, my wife and I visited Dr. Kelley.

The first visit in 1974 was overwhelming when I saw the amount of vitamins that were necessary for return to good health. There were anxious moments of nausea, dizziness and apprehension regarding its effectiveness. But it has proven to be the most significant step I ever made. Since that first visit, all medical tests and X-rays have been negative!

Each day I pray silently and openly, to thank God, our Creator, for His divine guidance in leading me to Dr. Kelley. God does act in a mysterious way, and when obeying His natural laws, we all prosper.

And today, at age 67, my life is more complete than ever, God in his loving ways, has granted me the ability to enjoy His great outdoors. Above all, my spiritual life has risen to greater heights in my love and appreciation of Him.

Dr. Kelley: "Walter brings to mind that cancer, or any degenerative condition, doesn't all of a sudden happen. It takes a long time to get there. You get sicker and sicker and it isn't all of a sudden you wake up one morning with a full-blown cancer. Instead, you have gradually earned every bit of it by your lifestyle, or by the dumb things you've done, and the abuse you put your body through. We earn cancer just as we make either A's or F's on our report cards. Walter also reminds me that in our society we do tell the patient that he has cancer, which I think is a much better attitude than in the European society where they do not tell the patient. You go to a doctor and he will never tell you what's wrong with you. He will let you die and then tell your relatives after you're dead, that you had cancer. If you were never told, what choice did you have?

"The word 'choice' brings to mind our former Vice President, Hubert Humphrey, who was a cancer victim. I talked to a close friend of Senator Humphrey, who said that when Humphrey had a chance to carry out non-toxic therapy he wanted very much to do so. But he couldn't because he thought he would set a bad example by not supporting our medical monopoly. He wouldn't be supporting the National Cancer Institute, the National Cancer Society, the AMA, etc. He was essentially a sacrificial lamb — as is everybody who goes through the torture and inquisitions. He knew he had a choice and chose not to exercise a preferred alternative — a real tragedy."

Colon and Liver Cancer Testimonial

Mabel H. ~ Longview, WA

8-Year Victory Over Colon and Liver Cancer

Health is something I had enjoyed for many years, something I had taken for granted, and something I hadn't cherished as I ought. During the fall of 1974, I experienced a very tired feeling at the end of my day's work and often found it necessary to rest before preparing my evening meal. At the beginning of February, I had a complete physical and Dr. X gave this verdict, "You have a clean slate of health." I shook my head and he asked me why. I proceeded to explain this distressed feeling in my lower abdomen. The barium enema, which followed, revealed the cancer in the colon. You can imagine what thought arose within me but I am thankful I have learned, in a measure, to accept disappointments too. Our pathway is not always going to be sunny and bright.

After the colostomy, the surgeon discovered I had cancer of the liver, which was inoperable. He recommended I have chemotherapy and an appointment was made to see the oncologist.

In the meantime, my daughter, who lives in Iowa, contacted a few people who had cancer and had received great help using the Kelley nutritional plan. She called me and asked what I wanted to do. That was not a hard decision since I had been aware of this type of cancer treatment. Nevertheless Mary and I went to talk to Dr. W. (the oncologist). He was a real gentleman and did not put forth a successful picture of chemotherapy. He wished me the best and said he had never heard of the Kelley nutritional plan. My daughter also had to call the surgeon to tell him my decision. He made it clear that this was not in accordance with the American Medical Association, and this, of course, we understood. Am I ever thankful to my daughter that she got in contact with people who had proved that Dr. Kelley's plan really did work in bringing people back again to health!

My daughter helped me in filling out Dr. Kelley's questionnaire. There was a question or two I couldn't answer so she called Dr. X to ask. His manner of speech was shocking. The language he used was such no doctor would need to use to answer a question or two concerning my physical checkup. His attitude toward my decision was distasteful. Dr. X is my doctor no more!

About seven weeks after my surgery, I made my first visit to Dr. Kelley. This was the end of March. The night before my appointment with him I got the flu so you can imagine what shape I was. My Kelley Index was 720 and my body was so very deficient in every respect. I felt very comfortable in Dr. Kelley's presence and having my daughter with me gave me courage.

Before I reached my home I had a distiller, juicer and the necessary vitamins and supplements. Now started my new way of living. To a degree I understood the discomfort I could experience because I had read Dr. Kelley's book.

There was a tremendous change from my former way of preparing my food. I became very time-conscious since I needed some supplements every 2 hours during the day and in the middle of the night when my alarm helped me out. I had a great number of supplements plus all the carrot juice, seeds, nuts, boiled eggs, yogurt, etc. I had lost much weight but quite soon I began to gain. I kept on the program for at least ten days — more if possible — and then I would vacation for five days. There was much to learn in the giving of enemas. A coffee enema makes you feel clean and refreshed.

This program required much systematic work but I felt I had a goal in view, God had spared my life during surgery and now with his help I could face the future. Every day I asked for guidance, wisdom and courage to walk and live as I ought to so He'd be pleased with me here on earth and throughout the endless ages of eternity. My relatives and friends all encouraged me to keep on the program. There was no opposition. If you feel a course is right, you'll pursue it. This is true spiritually, too. The outside pressure isn't going to defeat you.

At the end of the eight months I made my second visit to Dr. Kelley and this time my Index was 420-300 less than my initial visit. We all jumped for joy. April 1978, my Index was 10! I am a very thankful person.

This body God has given is a marvelous piece of creation. It functions so perfectly and isn't it only right that we should feed and care for it properly?

Dr. Kelley: "Mabel is a friend of several years and fellow member of our Christian fellowship. She had colon and liver cancer. The colon and liver are two of the main detoxification systems helping us get rid of toxins. Unfortunately, they themselves are high on the list of organs attacked by cancer. Metabolic Medicine is built around natural processes, of which proper health of the colon and liver and the proper detoxification of the body are major factors. Like Mabel, we all take good health for granted and never think about having bad health until it hits us. Particularly in the case of cancer, we think: 'it will happen to someone else, it will never happen to me.' We try to not even imagine the prospect. It's so dreadful that we don't even think it could happen to us.

"A lot of times we are like the proverbial ostrich that sticks its head in the sand, and don't want to know about it, trying to ignore it so it will go away. However, as God's children, we owe it to ourselves and to God to take care of our bodies. It may cost a little money at first, but it will save money in the long run actually to take time out of your life and address the cancer issue. Do the Self-Test every 9 to 12 months so that if you ever develop cancer you will discover it early.

"Mabel's experience with Dr. W. is really more typical than her experience with Dr. X. Most family doctors, the ones out on the firing line, have our best interests at heart. Generally it is not the local family doctor that gives us problems; it is the massive, impersonal Medical Establishment."

Spleen, Pancreas and Lung Cancer Testimonial

Rachael S. ~ Norcross, GA

26-Year Victory Over Cancer of the Spleen, Pancreas and Left Lung.

Dr. Kelley spoke with Rachael in August 1998. For 26 years she has told everyone she meets who has a health problem about the Kelley program. Rachael wants everyone to know that it is because of Dr. Kelley that she has lived to love and enjoy four grandchildren and has recently become great-grandma to twins. The following is her story:

On September 28, 1971, I was admitted to the hospital as an emergency case suffering with acute severe abdominal pain. The next morning, I was taken to the operating room for an emergency exploratory with subsequent removal of an abscessed right ovary and fallopian tube (my healthy appendix was also removed). I was told I had peritonitis. Several days later, after X-rays of the colon, I was told I had three tumors in the hepatic flexure of the transverse colon. The doctor said he was "pretty sure at least one was malignant" and I must be scheduled for colon resection in 30 days. I asked him what could be done if further surgery proved inadequate. He said they would give me cobalt.

On the way home and during the next few days, I pondered my predicament. I was in emotional shock and I was weak and sick in body. Mentally, I reviewed my symptoms over the past months. My health had deteriorated gradually. For at least a year, I had been unable to sleep on my left side and more recently I was unable to sleep on my back. I felt a pressure-like discomfort in the left upper quadrant and under the left rib cage. I also experienced shortness of breath when in these positions. I had "night sweats," awakening frequently at 1:00 or 2:00 a.m. drenched in perspiration. I had a persistent backache and low energy level. In the previous six months I had lost 40 pounds. I was 45 years of age and, as a registered nurse, I had nursed hundreds of cancer patients in various stages of the disease. I recalled some painful statistics. The survival rate for metastatic cancer was less than 1%.

Later, I learned the primary tumor was in the spleen with involvement in the pancreas and lower left lung as well as metastasis to the colon. I had a difficult decision to make. I felt my body was too weak to withstand major surgery again in four weeks and yet my surgeon had told me I would be "very foolish" not to consent to further surgery. In my helplessness I claimed God's promises in James 1:5; "If any of you lack wisdom, let him ask of God that giveth to all men liberally." As is often the case, God had already begun to answer my prayer before I asked. Six months prior to my hospitalization, I had read Dr. Kelley's book One Answer To Cancer and was so impressed I stated to a friend, "If I ever have cancer, I think this is the treatment I would follow." Little did I realize that within six months, I would be faced with that decision. My ultimate decision was to go see Dr. Kelley with the thought that I would postpone the surgery until I could get my body built up on a good nutritional program.

I went on Dr. Kelley's program in November of 1971. My malignancy index was 700. I sent in a urine specimen to Dr. Contreras in Mexico. The test for malignancy was positive. I realized my weak body was fighting three major battles — recovering from the trauma of surgery and peritonitis, cancer, and severe emotional stress. Every three to five weeks, I suffered a healing crisis usually lasting about five days. During this time I stopped taking my enzymes. My symptoms were an ache-all-over feeling, nausea, abdominal pain, weakness and mental depression. I used zone therapy, hot salt baths and hot wet baths for pain control to avoid taking pill medication. My family provided great assistance and moral support. Friends and neighbors often brought fresh vegetables, fruits and nuts. Some even supplied fresh non-chlorinated water. Many prayers were uttered on my behalf.

After three months, I went back to Dr. Kelley. In spite of all the suffering since the last visit, I felt I was making progress. The test confirmed that in fact I had made remarkable progress. I decided not to have further surgery unless some emergency situation arose such as symptoms of intestinal obstruction.

I continued to improve. My healing crisis became further and further apart and less severe. My checkup every three months with Dr. Kelley showed remarkable progress. In September of 1972, my local physician checked my condition. My blood chemistry was normal, colon X-rays were negative and physical examinations revealed nothing abnormal.

Twenty-eight months later I completed another series of tests; X-rays, Pap smear, etc. All were completely negative. By this time my night sweats had disappeared and I could sleep comfortably in any position. I had gained 20 pounds and my general health and sense of well being was better than it had been in fifteen years.

I am indebted to Dr. Kelley and his kind and wonderful staff and grateful to God that an alternative has been provided for cancer patients who choose not to undergo radiation, chemotherapy and surgery.

Dr. Kelley: “Rachael and her husband and I have been friends for a long time. One of the blessings that I’ve had over these years, along with some of the problems inherent in helping to change the course of health care in our society, is the friends and friendships that I have been permitted to have. Rachel reminds all of those who start on this program that they will have a lot of ‘up’ days and many, many ‘down’ days. It is hard, and it’s painful and it takes a lot of energy and faith to continue. There is a lot of pain involved.”

Pancreas and Liver Cancer Testimonials

W. D. Kelley, D.D.S., Winfield, KS

42-Year (in 2004) Victory Over Pancreatic/Liver Cancer.

I can truthfully say that I have cured or healed myself of cancer (malignancy) and I can cure myself again if it ever becomes necessary. Better still, I have learned God’s Law of Health concerning malignancy (cancer) and I will ever invoke this Law so that I am not likely to have the disease again.

In the old adage “Physician, heal thyself” two things stand out to me. One is, if a physician can’t heal himself, how can he heal others? The other involves the true meaning of cure — cure for anything. It is so often said. “I went to Dr. Jones and he cured me.” Nothing could be further from the truth. No matter how many years a doctor has gone to school, no matter how many college degrees he may have, a doctor can cure only one person — HIMSELF. It is important that a person understand that only he can cure himself of anything!

It is the individual and his body chemistry that cure him of disease. In doing this, he must take note that he is physical, structural, mental, and spiritual, and that each facet plays a part in his cure. His physician or clinician can only bring to his attention some of the basic Laws of God concerning health. Unfortunately, many clinicians are not sufficiently aware of these Laws, even though they are honest and sincere, and try their hardest.

Although I am a clinician, I have no intention of treating anyone for cancer or any other disease. I am even more than a clinician — I am a teacher. My purpose in writing this book is therefore educational: I hope it will instruct you in God's Laws of natural good health — and particularly in those concerning malignancy (cancer) so that you can have a body free of this dreaded affliction. I call unto Yahweh — "I am that I am" — to bless this publication and send it forth to those who have the wisdom and need to use it.

True Early Signs of Cancer:

The true early signs of cancer are the signs of inadequate protein metabolism. They are:

- Gas on the stomach or bowel
- Sudden weakness of the eyes
- Tired feeling most of the time
- Muscle weakness and cramps — first in the back, then in the chest
- Extreme mental depression
- Sudden change in hair texture or color
- Development of various hernias (only in slow-growing tumors)
- Confusion — difficulty in making even simple decisions

I had cancer for more than three years before the true nature of the problem ever dawned on me. At the height of the cancer, I supposedly had about two months to live. If I had not discovered God's Laws concerning cancer and applied them very diligently, I would not be here to share this information.

With few exceptions, by the time one discovers he has cancer he has had it for a very long time. This was my situation. Now that I really know all the true early signs of cancer, I also know that I was being warned many months before my case became clinical.

From time to time, I would notice belching just a little gas, but I didn't give it much thought — just supposed I had eaten a little too much. Eventually, I began to pass gas from the bowel, a little at first and finally so much that it was embarrassing to me and also my family.

My First Warning

My hobby was antique automobiles. On one trip the family made to Colorado in our 1923 Cadillac, I noticed that at dusk I found it difficult to read the road signs. I had to be right up to them before they became legible. I still didn't have the good sense even to suspect I had cancer, and didn't give the matter much more thought until two months later when I was showing some slides to the Antique Automobile Club. I couldn't seem to get the pictures in focus. I thought I had damaged my camera, but the club members said the pictures were very clear and that I'd better have my eyes checked. Finally, I gave in and made an appointment with the ophthalmologist for an eye examination. To my horror, he prescribed trifocals. My protests were for naught, and I could see my pictures and road signs much better.

My Second Warning

Things went on about the same for several months, until I began to notice that if I sat in one position for more than twenty minutes I would have muscle aches, particularly in the back. My physician finally gave me a muscle relaxant, after I'd visited him several times with the same complaint. I was still too naive to suspect cancer. The medication didn't help much, and in another month or so I began to have pains in my chest. This of course upset me considerably, and I rushed to the physician once more.

Over the next few months, several electrocardiograms were made and nothing out of the ordinary showed, it couldn't, because the pain was from the chest muscles — a frequent sign of cancer — but as usual, I was oblivious to the true early warning signs.

My Third Warning Went Unheeded

A long, long horrible period of mental depression followed — another true warning sign that cancer was rearing its ugly head. I went to the physician again and practically begged for help, asking for an antidepressant drug or anything that would help alleviate this chronic, severe depression. By this time, he was fed up with me and my complaints and he sat me down and carefully explained that there was nothing wrong with me. My heart was better than his, and it was high time that I stop worrying about it; after all, it was only in my mind!

As cancer progresses, it gives off a toxin that makes one extremely depressed, and there is a feeling of impending death a good part of the time. Gradually, during the entire three years of early cancer growth in my body, I became weaker and weaker. By this time, I knew something very tragic was taking place, but I didn't know what, and still didn't have any suspicion that it might be cancer.

My job, the work I loved so very much, became distasteful. I wanted to give it up and start a new profession — anything to attempt regaining an interest in life. After all the many years of college training for a job I loved to do, I was seriously contemplating junking it all. After eight years of clinical practice and research, I found myself ready to throw in the towel. It was a terrible feeling to be so sick and not be able to understand why or put a name on it. My thinking became fuzzy, unclear and irrational.

A Fourth Warning — and still not an inkling in my mind what the culprit might be!

During these many months of severe depression, my hair began showing signs of lifelessness, becoming brittle and coarse. I was losing some, and what was left was fast becoming gray.

Warning Five also escaped my attention!

Also, at this time, I developed a hernia. This is typical of a person with malignancy, since the malignancy is accompanied by muscle deterioration. Warning Five also escaped my attention!

My Sixth Warning:

By this time I was feeling so bad that I reluctantly returned to my physician. He finally admitted that there might be something wrong and sent me off to an internist. After the passing of three month's time, during which the Beard Anthrone Cancer test had proved extremely positive and I had undergone many other tests and diagnostic procedures including X-rays, the internist finally suggested biopsies of my pancreas, liver, and intestines. He suspected that these operations would reveal cancer. Although the biopsies were not performed, the physician's suspicions were correct.

My wife was privately told not only that I had tumors in all three organs, but also that in the doctor's opinion I had no more than 18 months to live. And though I had begun to suspect the worst, another month passed before I myself learned of all the facts. Meanwhile, the chief surgeon in our locale had ruled out full-scale surgery because he thought I was in such bad shape that I wouldn't make it off the operating table alive. My wife had been told to take me home and get our affairs in order as promptly as possible, for it wouldn't be long before I'd pass away.

Ironically, though I had been doing cancer research for several years, it had never occurred to me that I could have it myself. I guess I was just like thousands of people who think it can happen to someone else — but not to them. Only the cancer victim can understand the fear and despair that finally overwhelmed me. This hit me harder, probably, than it would have the average person, because I had been studying and researching the details of cancer and had a firsthand insight into that horror of horrors.

Since early childhood, I experienced a deep and abiding interest in all facets of medicine and I had spent much of my life studying anything and everything I could find in the field. I had spent two and one-half-years with the military medics and fourteen years working my way through college in hospitals doing everything from running electrocardiograms to assisting in surgery — viewing firsthand the complete gamut of medical practices and witnessing the tragic decline and ultimate death of hundreds of hopeless cancer victims.

With this great deal of knowledge about the medical community's various approaches to cancer, I knew that in spite of all the propaganda fed to the general public about success rates with certain treatments, there were actually very few people who survived the medical establishment's chemicals, surgical procedures, and radiation treatments. I didn't want to be another one of its statistics.

As soon as I realized my true situation, I decided not to take any new patients and prayed that I would be granted time to complete the work with the patients already under my care. It took me about two weeks to overcome the terrific shock and to wrestle with my fate.

After days of intensive thought and prayer, I decided not to accept the fate of an early death. Instead, I accepted life and my duty to seek out God's Laws concerning cancer and, if possible, apply them to myself and teach them to others.

My doctors had considered performing surgery on me, but they didn't think I would make it through the operation. I was so near death. God, in his infinite wisdom, had another path for me. Not being able to have surgery turned out to be a great blessing, but of course I didn't see it that way at the time. The only thing I could do then was regulate my diet. My life hung in such a delicate balance (another blessing), that I could feel very clearly the effect of each food I ingested. If I ate wrong foods, I could very easily tell it by the way I felt.

As time passed, I realized one of the basic laws of cancer: Wrong foods caused the malignancy to grow, while proper foods allowed natural body defenses to work and the malignancy was absorbed a little. This is one reason some people can live so long with cancer, while others succumb very quickly. Through a process too long to describe here, I worked out the relationship of enzymes, minerals, and co-enzymes, as well as proper detoxification procedures.

By the time I started my program, I was in very bad shape. I was extremely depressed, with nothing seeming to work out well. I had a feeling of impending death most of the time, was always tired, and became completely exhausted at the slightest effort.

The cancer had eaten into the nerve connections to my heart, causing rapid pulse rates and irregular beating. My cancerous pancreas was so damaged and enlarged that I had hypoglycemia and was going into insulin shock several times a day. My liver also was cancerous and enlarged. I could not eat much, as I was so nauseated. My intestines were so laden with cancer that I was in constant pain. I will have scars for a long time to come.

When I finally worked out the total nutritional support program, I thought everything would be wonderful and I would recover without further difficulties. But I had still another lesson to learn. Recovery can be worse than the disease itself. I not only had to destroy the cancer, but I had to rebuild a badly damaged body also.

At first, I was anxious to destroy the cancer as quickly as possible, but I found that the toxic poisons made me extremely ill. I had to learn how to be sure the cancer was dissolving, but not too fast. At the proper rate, one would feel sick, but not violently ill.

As the body absorbs the cancer, it overloads the blood and liver with toxic poisons, making one feel constantly sick. This, for me, lasted about eight months after the cancer growth was stopped. All the while, the mental depression remains and the diet leaves you with cravings. One has been accustomed to all the tasty "junk" and it is very hard to give it up forever.

As one begins to get over the "goopy" sick feeling, he will notice that he has a good day when he feels wonderful, then several bad days when he feels "goopy" sick again. He enjoys the good days so much that the bad ones seem much worse than they really are. Now he can realize how sick he has been.

About the time one is having a few more goods days than bad, he starts having muscle cramps — very bad ones. This condition goes on for a minimum of nine months, and often much longer, while one is rebuilding muscle protein that was taken out of the tissue during the early stages of the cancer. This stage is similar to the severe growing pains one might have experienced as a child or youth.

There is a pot of gold at the end of the rainbow — one's good health! If all the steps have been faithfully carried out, one's body is in better condition than ever before in many cases. That wasn't true in my case, at least it hasn't been yet. Although my "incurable" cancer is cured, it did a lot of damage and it was five years before I was free of pain and felt really good. Nevertheless, I was given years of precious, productive living. And if you can first find hope and then health through Metabolic Medicine, I will not have lived in vain.

Pancreatic Cancer Study

The most outstanding study in medical history is of Pancreatic Cancer. At the request of Robert A. Good, Ph.D., M.D., former president of Memorial Sloan-Kettering Cancer Center of New York City, Nick Gonzalez, a medical student, reviewed thousands of Dr. Kelley's patient's records selecting 22 patients with Pancreatic Cancer. Although Dr. Kelley had many more patients who were diagnosed with Pancreatic Cancer, only these 22 met the rigid standards required in this study: i.e., Biopsy diagnosed at a major medical institution.

Dr. Good requested this study, which is called a numerator/denominator. In this study, a single form of cancer was chosen. Gonzalez chose pancreatic cancer since the five-year survival rate in orthodox medicine is virtually zero.

In this study, a total of 22 Kelley pancreatic cancer patients properly diagnosed by the orthodox medical community were broken down into three groups based on their level of following Kelley's protocol. The median survival of the three groups is shown as:

Unit One: Ten patients never followed the protocol; average survival 67 days.

Unit Two: Seven patients followed the protocol partially; average survival 233 days.

Unit Three: The five patients who followed Dr. Kelley's protocol completely achieved an average of nine years survival.

In fact, all five were still alive at the time the study was made except one patient who had died (of Alzheimer's) after 11.5 years, cancer free.

Medical Professionals Evaluations

11

(Circa 1982)

What I noticed over the years was a disappearance of all my symptoms, the return of energy, endurance, and interest...

Dr. John Rhinehart (Medical Doctor)

Dr. John Rhinehart (Medical Doctor)

I first met Dr. Kelley six years ago. I had taken a seriously ill member of my family to him for an evaluation and a "nutritional" program. What I got was a fascinating and provocative experience about a new way to live healthfully, and a whole new concept of what physical and spiritual health is all about. This was all in addition to a nutritional program. While I did not understand at that point exactly all the ramifications of his approach, I was so intrigued that I decided to go on a program myself. Part of doing this was to test for myself whether it really was possible that Dr. Kelley had developed a method for applying his theories.

My own physical problems resolved around long-term exhaustion of what I now know as my sympathetic nervous and glandular systems. Medically, this encompassed several diagnoses including irritable colon and mucus colitis, severe low blood sugar, intermittent episodes of high blood pressure, depression, and very erratic and low energy patterns. These are all called: "burn-out."

What I noticed over the years was a disappearance of all my symptoms, the return of energy, endurance, and interest, which I could count on. I knew something vitally important had happened in my body and did not quite understand how that had been accomplished and so decided to study with Dr. Kelley in order to find some answers to that apparent riddle. What I discovered was a simple theory that addressed an extremely sophisticated piece of machinery — our bodies — in a new and comprehensive as well as therapeutically effective way.

Over the last two years I have incorporated the program in my practice and have seen all types of people responding well, providing they commit themselves to doing the program thoroughly. I would also like to emphasize that the program is a dynamic and ever developing one, so much so that the changes incorporating new knowledge make year-old programs seem like ten years old.

Over all, I believe that Dr. Kelley's program is sparked by a special sort of genius decades ahead of its time, and will be a paradigm of medical care in the future.

John Rhinehart, M.D.
Newton, CT

Dr. Douglas M. Baird (Osteopathic Surgeon)

An open letter to my Colleagues, April 1982. The prevailing orientation of the traditional medical community over the past 150 years, with regard to cancer and other degenerative disease processes, has been largely a destructive, anti-symptomatic phenomenon. Admittedly, these approaches have some absolute applications for limited, short-term therapy, but in my strong opinion anti-symptomatic therapies have no validity in the treatment of long-term disease. What is and has been needed for some years is a major re-evaluation of the medical scientific doctrine and the establishment of a more appropriate model for the understanding of health and disease. Hopefully, this new model could redirect the investigative energies of the research community on to more rewarding horizons.

I feel that the time has come from both the scientific and humanistic viewpoints, for a change in emphasis from the disease process itself to the person who has the disease and from a position of fighting against disease to one of re-establishing and preserving good health. One of the major contributors to the proposed changes in medical thought has been Dr. William Donald Kelley, a dentist by profession, who developed a self-sustaining, cohesive model which largely explains and properly categorizes volumes of seemingly divergent scientific information, theories, observations and experiences. The key is biological individuality. Dr. Kelley's genius is in developing an entire scientific model beginning with the individual and his inherent uniqueness.

A major reorganization of thought and practice is required of the medical community to utilize the tools, which have become available as a result of his model. I have used Dr. Kelley's Metabolic Medicine program for several years and the results, I can assure you, are most gratifying.

Douglas M. Baird, D.O.
Palm Beach, FL

Dr. Sanford C. Frumker (Doctor of Dentistry)

As a periodontist, I soon became convinced that to treat those things in the mouth that cause gum disease is only partial treatment. Based on a great deal of evidence, I was convinced that if the body of the patient was well nourished and the machinery in the mouth was working properly the patient will not have gum tissue breakdown.

As a result of this thinking over many years, I have taken several nutrition courses. Thanks to time spent with Dr. Roger Williams, and a great deal of reading and studying, I had established specific criteria for a nutritional program. With no exception, (and that was not a program I could easily use in my practice) none of the nutrition courses satisfied my criteria.

International Health Institute's (Dr. Kelley's) program was the first program I saw that at least on paper appeared both to be practical and to fill my requirements. However, since I had been led down umpteen primrose paths by other "nutrition" programs, I was very skeptical of the Metabolic Medicine program.

When, with great skepticism, I started my own Metabolic Medicine program, I felt I was in excellent health. I had only one health problem that I was aware of and that was that I had nasal polyps, which were caused by allergies.

The polyps were particularly bad in winter. I could not breathe through my nose at all. So after having the polyps surgically removed I was referred to an allergist. The allergist found I was allergic to dust and all dairy products. I already knew about the allergy to the dairy products because after a heavy dairy meal, my nose would completely close due to the swelling of the polyps.

To control the growth of the polyps, the allergist recommended weekly "allergy shots." For two years, they worked well and I could breathe fairly well through my nose in the winter. During the third and fourth years, the allergy shots did not work as well and I had trouble breathing through my nose. During the fifth and sixth years, the allergy shots did not work at all. I couldn't breathe through my nose at all in the winter and very little in the summer. My allergist now informed me the only thing that would help me was cortisone injections. Knowing the undesirable effects of cortisone, I refused.

Things got bad enough that finally I had one cortisone injection.

When I began my Metabolic Medicine program, I informed Dr. Kelley of my allergy to dairy products and asked him if anything could be done to help. To my surprise, Dr. Kelley said he was not at all interested in my specific allergies, but he was interested in getting the body working right so I would not be allergic to anything. I was very doubtful of Dr. Kelley and the entire program at that time.

When I filled out my Nutritional Evaluation Survey, I discovered many health normalities that I never knew existed. Filling out my survey, indeed, was an experience in self-discovery and understanding. If the information and the claims for what it indicated were correct, this was the most valuable physical examination and insight into my inner workings I had ever experienced. However, I had grave reservations as to the truth of diagnosis made from this information and the blood test and urinalysis.

Therefore, I went into the program not only skeptical, but almost with a chip on my shoulder. Based on past experiences, I felt sure I was wasting my time and money.

I have now been on the program for several years. Even during the first winter, with no allergy shots, no cortisone (and no allergist), my nose was open all winter. I could breathe through my nose!

Being suspicious, I could not give the Metabolic Medicine program full credit for my feeling so good. So I went back to my Metabolic Medicine's Self-Test book and compared all the signs and symptoms with where they are now. By checking these signs and symptoms, I had an objective way of seeing what this program was doing to my internal machinery!

To put it mildly, the Metabolic Medicine program has been a great success for me. My allergies are under control. I have never felt better. In addition, with the Metabolic Medicine's Self-Test book, I have been able to see objectively what is happening with me. With these objective observations of myself, with certainty, at least for me, the program is an unqualified huge success.

Now that I am convinced, I am offering this program to all of my dental patients. I know it does the job. I know it is what we need to get our internal machinery to do the job.

Sanford C. Frumker, D.D.S.
Cleveland, OH

Dr. Lloyd H. Price (Doctor of Optometry)

My training as an optometrist started long before I entered Northwest Illinois Optical College in Chicago, Illinois, in 1922.

As a farm boy, I had the opportunity to observe the habits of animals, both domesticated and wild, and in those days mankind was living closer to nature and using none of today's processed foods. I am 84 years young, and I see that it's quite difficult for this present generation to realize how the pioneers existed and thrived with very few fatal degenerative illnesses such as cancer.

In any "health" profession, the practitioner has a good opportunity to observe the results obtained by the various modalities of treating the physical defects of his or her patients. It is estimated that 85% of our learning is acquired through our eyes.

When I got out of college and started to practice my profession of fitting glasses, I soon realized that there must be an underlying cause of so much myopia (nearsightedness), cataracts, glaucoma, etc. As I gave the subject more study, it was clear to me that man was creating most of his eye problems by incorrect diet and poor choice of foods.

For this reason, I took several courses in naturopathy and studied and read everything I could find in health books and magazines that dealt with the subject.

Many of my patients are so nearsighted that they are unable to see 20/20 on the eye chart. It is quite common for them to blame watching television and thus avoid the real cause, which is faulty diet and junk foods. Through the science of iridology, it is quite easy to observe unhealthy body conditions as well as deposits of drugs.

I always try to emphasize basic health principles such as the importance of proper diet and tell my patients to avoid sugar, soft drinks and refined foods. Some will listen and, if they do, in a very short time their eyesight will improve. I have even had cases where I was then able to reduce the strength of the lenses.

One patient, aged 75, had cataracts. I sent her to an Ophthalmologist, and he told her she would have to have surgery in three months. I told her of Dr. Kelley's nutritional program and my wife, who is one of Dr. Kelley's Technicians, had her evaluated. She followed the program and when she returned to the Ophthalmologist, he told her she would never have to have the surgery.

Another patient quite suddenly lost 70% of her eyesight. She went on Dr. Kelley's nutritional program and in a matter of six weeks her eyesight returned.

When Dr. Kelley says we have been starving for 30 years, I certainly agree for I am in a position to observe this.

Dr. Kelley is no less than 75 years ahead of his time. Although this book deals primarily with cancer, that is by no means the limit to his concepts and abilities. I have seen many of the patients with other degenerative disease respond equally as well as the cancer patients.

Lloyd H. Price, O.D.
Des Moines, IA

Dr. Jack O. Taylor (Doctor of Chiropractic)

I had always held nutrition of some importance and often gave my patients rather inconsistent advice about "improving your diet" or "why not try this vitamin for that symptom?" After several years of dealing with sick people, some of whom I knew were on good diets, and some junk eaters, I began to realize that we were healthy not solely as a result of our intake, but instead, we were healthy or sick as a result of what our bodies did with the intake. It was discouraging to suggest the same "balanced" diet for several patients, getting entirely nowhere with many and having dramatic positive responses from others. Searching through the available literature seemed to add to my questions rather than provide answers.

Several years ago a very dear friend developed cancer and my wife was in to accompany her to Dr. William Donald Kelley. Like many others, I had heard of the success of Dr. Kelley in working with cancer patients and at that time could think of his nutritional program only as a cancer therapy.

After meeting Dr. Kelley and observing his simple, systematic investigation of the individual body chemistry of our friend, my wife telephoned from Grapevine, Texas, and insisted that I immediately come meet this man, as she knew his logical approach and reasonable conclusions would appeal to me. Early the next morning I was 1,100 miles from the luxurious surroundings of my suburban Chicago office, seated in a tiny frame house in a small Texas town. I forgot my surroundings, however, as I soon realized that here was a man who not only was answering my questions but was re-opening doors in my mind that had long been shut.

As I got better acquainted with Dr. Kelley, I soon realized that any help his Metabolic Medicine's Cancer Cure program gave to cancer patients was incidental to the balancing of their individual body chemistry. I began to apply these principles as "nonspecific metabolic assistance" to meet my patient's individual needs. These programs have been so successful in helping gain and maintain health for many that I would like to call your attention to the "non-cancer" aspects of Metabolic Medicine's concepts such as Dr. Kelley's Self-Test for The Different Metabolic Types. I consider it my privilege to encourage you to carefully study this book and expand your horizons of good health.

Jack O. Taylor, D.C.
Arlington Heights, IL

Dr. Richard Rovin (Naturopathic Doctor)

This book is for those who have a strong belief in the principle that the body can heal itself and that nutrition is one of the keys to that healing. Nutrition has never before been approached as systematically and as aggressively as by Dr. Kelley.

I was originally attracted to the field of Naturopathy because of my belief in our natural healing forces and it is the same belief that has given me faith in this type of approach.

Food is more than separate nutritional factors; rather it is a combination of nutrients that keep our body chemistry balanced and our organs in harmony and functioning optimally. So taken one step further, it is used not only to prevent disease or degeneration but, important to many of us, it may be used for regeneration and the removal of disease.

This new book will show that Dr. Kelley is constantly perfecting his work so it may help the most difficult cases and shed light on our biochemical individuality. This is truly the most important key to the development of a successful health program and this is why this book offers an avant-garde concept for today's health needs.

Doctors from all the professions are searching for the "magic bullet" that will prevent disease and maintain health. Some expect to find it in a synthetic drug and others in a particular natural substance, but the search is in vain for we must appreciate our body's holistic needs and one agent alone cannot satisfy this. This approach considers nutrients for all the body's systems.

I anticipate further insights into one's well being and greater health benefits for the people that follow and use the information in this book. Superior health services are already available to us. The IHI founded by Dr. Kelley is the first fruit of this research. Later I expect these methods of analysis to act as a bridge between the different professions for the betterment of mankind.

It is a great joy to be part of this advanced system of healing. I appreciate the honor Mr. Rohé has afforded me by asking me to share my thoughts. I believe I represent my profession when I say that we are grateful to the past achievements of Dr. Kelley and cheer on and support future successes.

Richard Rovin, N.D.
Waialua, HI

For Doctors Only

For Those Who Slept Through Embryology Classes

FOR DOCTORS ONLY

(including those of you on Dr. Kelley's Program)

The Scientific Basis of the Kelley Metabolic Cancer Cure

by

Professor Kathy P. Fairbanks, Ph.D. (Embryology)

What is Cancer?

Cancer is a process misunderstood by the medical community. Cancer is classified by the medical community as a fast-growing malignant tumor, which, if allowed to grow unchecked, will cause death. Many clinicians believe that cancer is a complex: a number of different diseases, each having its own cause. Most doctors, even research scientists, suppose such things as viruses, X-rays, cigarette smoking, chemicals, sunlight, and trauma cause cancer. However there are a growing number of cancer researchers who believe that these factors, rather than causing cancer, are indirect stimulators of a normal trophoblast-like pleuripotential cell. This trophoblast-like cell then makes its "false placenta", a malignant tumor mass, which the medical community calls cancer.

In the Beginning

In the first five days after fertilization in the formation of a human embryo, the growing mass of cells divides into two kinds of cells, an inner cell mass (embryoblasts) which will become the embryo, and an outer layer of cells called the trophoblast, which later forms the placenta. This process is so complex that less than half of the developing masses ever progress past this stage. Something goes wrong with normal development and they are expelled from the woman's body before they can implant themselves in the uterus.

After the cell mass attaches to the wall of the uterus, the trophoblasts invade the lining of the uterus, growing quickly and invasively, as a tumor does when invading an organ of a human body. The trophoblast cells invade, digest a hole in the wall of the uterus and form a multinucleated mass with no cell boundaries, which looks under the microscope like the cells of a carcinoma. During this invasion of the trophoblasts into the uterine wall, the pregnant woman may feel nauseous with "morning sickness" due to the trauma of being assailed by this cancer-like mass. As small blood vessels are invaded and digested by the invading trophoblast, pools of blood form in the tissue which nourish the growing mass. The failure of the maternal tissue to reject this implantation has always puzzled embryologists and immunologists. One current view is that the trophoblasts cells lack a certain protein on their surfaces, and thus are not recognized as foreign by the mother's body.

Primary Germ Cells

During the time that the trophoblast cells are aggressively infiltrating the maternal tissue, the inner cell mass is organizing itself into a three part disc, shaped like a flying saucer. These three parts of the disc are called the three primary germ layers, or the ectoderm, the endoderm and the mesoderm. Each of these three layers becomes a different part of the human body. The ectoderm becomes the skin, the brain, and the nerves. "Ecto" means surface, and indeed these cells become the surface covering of the body, and the nerves which are the interface of the body with the outside world. The endoderm becomes the linings of many organs, such as the lungs, the intestines, liver, and pancreas. "Endo" means within, and indeed these cells become almost all of the linings of the body. The mesoderm becomes the muscles, blood, bone, and the reproductive organs. "Meso" means middle, and these mesoderm cells, which form as the middle layer of the disc, become the vast majority of the cells of the body, forming almost all of the different cell types.

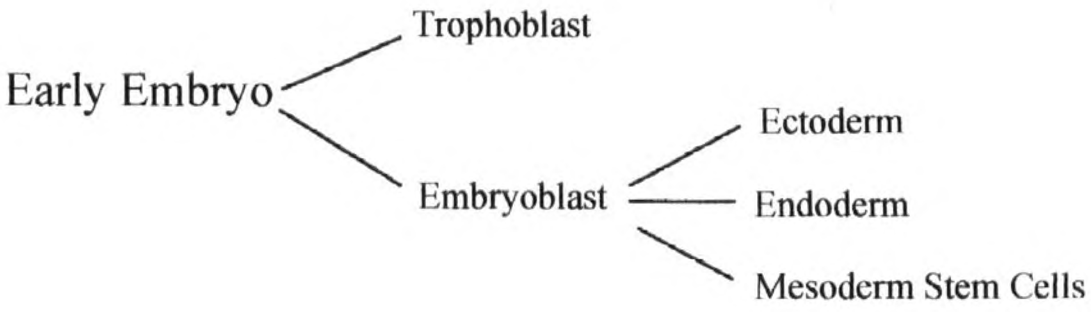
This process of organ formation involves extensive migration of certain cells from the disc to their future sites. The mesoderm cells come from an area on the disc known as the primitive streak. Under a microscope, a dark streak progresses visibly along the center of the disc from the tail end to the head end of the disc. This primitive streak is caused as ectodermal cells drive down into the middle of the disc, like the filling of a sandwich, becoming mesodermal cells in the process. This migrating of ectodermal cells becoming mesodermal cells happens very early in development, between two weeks and three weeks after the trophoblasts begin invading the uterus of the mother. These migrating cells, which come from the primitive streak, are pleuripotent. The mesoderm cells are called pleuripotential, because under different circumstances they are able to follow more than one pathway of development. In other words, mesoderm cells can potentially form many kinds of tissue. They are cells which are closest in nature to the unruly aggressive trophoblastic cells that have formed the placenta.

This broad developmental potential of the pleuripotential cells becomes more and more restricted and checked as the tissues acquire the specialized control mechanisms to guide the cells in their development. Increasingly complicated migrations of cells occur as the body of the new human is forming. For instance in the ectoderm, neural cells migrate in myriad directions and become specialized neurons. This regimentation of a cell's capabilities must occur in order to form, for example, a bone cell as opposed to a muscle cell in the mesoderm. Such regimentation comes about in response to cues from the immediate surroundings, including the nearby tissue. The precision and coordination required for correct development is dependent upon these interactions. Thus, nearby tissues influence development of certain cells, probably by signals carried by certain protein molecules. Interestingly enough, these signals must also occur at certain precise times, so that a delay in these signals may lead to the failure of correct interactions, leading to various kinds of defects. Many of these defects cause the death of the developing embryo, and some lead to birth defects.

Direct Cause of Cancer

The intricate and precise orchestration of the formation of a normal human from the original inner cell mass is a miracle of precision timing and maturation of these pleuripotential cells. Every normal human contains varying numbers of cells, which have not completed their correct migrations, thereby leaving "sleeping" pleuripotential cells scattered throughout the body. When these pleuripotential cells are activated through genetic, environmental or nutritional factors, a tumor cell mass, similar to the invasive trophoblastic cell mass, can begin to form. This cancerous tumor may contain various types of tissue, such as chips of bone or hair. These scattered pleuripotential cells are normally prevented from becoming a cancerous tumor through circulating protein molecules, which keep their growth in check. It has been theorized that when a human body does not have enough of these patrolling molecules, the pleuripotential cell grows in an unrestrained fashion, becoming a carcinoma.

In summary, the early embryo has two cell types: the trophoblast and the embryoblast. The embryoblast becomes the three germ cell types: the ectoderm, the endoderm, and the mesoderm. The mesodermal cells are pleuripotential, with a vast ability to become many different kinds of cells. Some of these remain "sleeping" dispersed throughout the tissues of the body.



How Do Enzymes Work?

Enzymes are normally produced by the pancreas to help digest the food that enters the small intestine from the stomach. Different kinds of enzymes work on protein, on fats, or on starch and sugar. By the action of these powerful enzymes, large particles of protein, fat or starch are broken down into smaller and smaller pieces, until they are small enough to pass through the wall of the small intestine and be used in the human body for nourishment. Enzymes remaining in the small intestine serve there to digest food coming into the intestine from the stomach. These enzymes in the intestine also can be absorbed through the wall of the small intestine into the body, and travel in the blood stream to distant locations in the body where they are needed.

Why don't these powerful enzymes start dissolving the very tissues that they are passing through? How can these enzymes travel to the tumor and only digest the cancer, without harming the person's body in which the cancer is growing? The secret to how the enzyme can tell the difference between "good tissues and bad tissues" lies in a difference as small as the difference between your right hand and your left hand. Almost all the billions of tiny molecules in the body are either right-handed or left-handed. As an example of right and left handedness, let's look at a pair of mittens. In a pair of mittens you find one for the right hand and one for the left hand. They are mirror images of each other, but if you tried to put the right-handed mitten down on top of the left-handed mitten, they would not match. In a mysterious way, the human body uses only right-handed sugar molecules but only left-handed protein molecules.

The above paragraph has discussed right-handed sugar molecules and left-handed protein molecules. Logic raises the question where are the mirror image substances? Where are the left-handed sugar molecules and the right-handed protein molecules? These are found within the placenta, which is made of trophoblasts. These are also found within the trophoblast-like tumor cells. What difference does this make for the enzyme trypsin?

We know that the enzyme trypsin acts on cooked left-handed proteins and living (non-cooked) right-handed proteins. Normally, when we eat a meal, the cooked left-handed proteins, which we eat, are digested in the small intestine by the trypsin released by the pancreas. Trypsin does not act on the organs of the human body, because these are living left-handed protein. However, trypsin is very effective at breaking down living right-handed proteins. And where did we say living right-handed proteins could be found? These living right-handed proteins are the substance comprising the cancerous tumor. So, the trypsin can travel via the bloodstream to the tumor, and its action there is on the protein mass that makes up the tumor. It breaks down the protein mass of the tumor and "liquefies" it.

As further explanation, this cancerous tumor needs an enzyme with which it can digest the organ or tissue of the human where the tumor is located. It uses human tissue as food. To obtain its needed enzyme, the tumor itself makes the enzyme! This tumor-made enzyme is called "malignin" which does digest human protein. Malignin is a cancer growth stimulator. Malignin stimulates growth of a cancerous tumor, thereby producing more malignin, causing increased tumor growth which makes further malignin in a progressively expanding growth sequence.

Thus, a growing cancer tumor continually makes increasing amounts of its own growth stimulator in a progressively expanding sequence. This malignin is the mirror image enzyme to trypsin. In other words, trypsin and malignin are mirror images of each other, as your right hand and left hand are mirror images of each other. As trypsin acts on living right-handed protein, namely the tumor mass, so malignin acts only on living left-handed proteins, namely human tissue.

Trypsin in sufficient quantities can begin to break down the cancerous tumor but not fully digest the cancerous tumor. During the breakdown process, trypsin produces some intermediate proteins and needs a second enzyme to complete their digestion, i.e. "liquefaction". Therefore, to be successful, the enzyme treatment for cancerous tumors must include both of these enzymes in sufficient quantities to render the products of tumor digestion harmless .

These enzymes work by traveling through the bloodstream to the site of the tumor and digesting the specific protein of the tumor mass, without harming the body's tissues at all. This fascinating story of the matching right and left handed molecules, trypsin and malignin, was explained almost a century ago by a Scottish professor by the name of John Beard, D.Sc. He published his work in London in 1911. His revolutionary book was entitled, The Enzyme Treatment of Cancer and Its Scientific Basis. At that time some cancers were treated by direct injection of the enzymes near the cancer mass. Now, we realize that injecting the enzymes is unnecessary, since swallowing capsules containing the enzymes will also work. Trypsin will only digest the protein of the tumor, thus it can safely travel through the body. The ability to target the tumor in such a specific and successful manner makes the use of surgery, radiation, and chemotherapy obsolete.

Note from Dr. Kelley

Professor Fairbanks' scientific presentation above (also in Chapter X: How Do Enzymes Work) is pure truth and scientific without error. Any clinician who challenges this should start all over with his education — in high school biology.

I first read Dr. Beard's book in May 2000. However, by 1962 I had developed my successful protocol and was free of cancer. I accept Professor Fairbanks' most significant contribution to the understanding of my program that should help the clinicians who stand up for proper treatment of those suffering with cancer.

The missing factors in Dr. Beard's and Professor Fairbanks' understanding are the enzyme activators which have made my program so successful for the past 40 years. It has been my experience, that without the complete program including the enzyme activators, success will be limited to approximately 52%

A malignant tumor mass (in error called cancer) always starts as one cell (a normal trophoblast). This tumor (a false placenta) produces its own "Malignin". Malignin is an enzyme which accelerates growth of a malignant (cancer) tumor. It acts physiologically in its own positive feedback loop. In other words, the more Malignin produced by the tumor the more normal tissue is digested causing the production of more Malignin, thereby further accelerating growth and gross enlargement and spreading of the tumor. This is the "nasty scenario" of how Malignin acts in a vicious circle of progressively expanding tumor growth (false placenta) as in normal placental development.

The Pancreatic enzymes supplied in the "Kelley Metabolic Program" includes massive amounts of "Trypsin". Trypsin is a three-dimensional mirror image of Malignin. Trypsin fights against Malignin. Large quantities of Trypsin in the bloodstream stop Malignin's acceleration of tumor growth. Also, the non-growing tumor can now be recognized by the human body's defensive warriors, white blood cells and antibodies. These defensive warriors engulf the liquefied dead non-growing tumor debris from the digestive activity of the enzyme Trypsin. Trypsin only digests non-normal tissue cells and dietary proteins. Trypsin does not attack or digest normal live human cells and proteins.

SECRET WEAPON

The disturbing parameter of the false placenta (malignant tumor mass) is its secret weapon. This weapon is the ability of the tumor mass to disguise itself inside of a surrounding layer of starch carbohydrate. When a person's normal immunological defense mechanisms come in contact with this starch capsule, these defense mechanisms recognize the starch capsule as normal tissue and do not attack it for removal from the body.

As explained above, the Pancreatic enzymes in the Kelley Program include large amounts of Trypsin, which stops tumor growth. Also included among these enzymes is Amylase, which does normally digest starch. In my experience, these combinations of Pancreatic enzymes destroy and strip away about 97% of such starch capsules, thereby enabling tumors to be recognized, digested, liquefied and removed from persons' bodies via their blood streams.

It has been my experience that the starch capsules on about 3% of malignant tumor masses are not destroyed and stripped away by the combinations of Pancreatic enzymes supplied in the Kelley Metabolic Program. Instead, such tumor masses become encapsulated within an inert fibrous sheath. The immune system ignores these fibrous encapsulated masses indefinitely while proceeding to repair and rebuild a ravished body. Although, as explained above our Pancreatic enzymes have large quantities of Amylase, the starch carbohydrate digesting enzyme, in about 3% of human bodies the enzymes do not recognize these starch capsules as foreign. This unusual non removal of such starch capsules in about 3% of human bodies is a subject of my further study. These unusual starch fibrous sheathed capsules are sometimes broken down by non pancreatin digestive enzymes such as our "Digest +" or "Wobenzyme" when taken along with our Pancreatic enzymes.

Respectfully,
Dr. Kelley

Acknowledgments

To Fred Rohé, M.T.; creative author of the 1980 *Metabolic Ecology* and the 1982 *Dr. Kelley's Answer To Cancer* , the 1999 and 2001 editions of this work.

To Greg Stirling, publisher of the 1997 and 1999 editions of *One Answer To Cancer*. His deep concern for the health of our civilization is evidenced by his willingness to publish contrary to the wishes of the Establishment.

To Bonnie O'Sullivan editor of the 1999 edition of *One Answer To Cancer*; carried forward to this edition, who carefully considered those of you who are plagued with serious questions and demand answers, you will be eternally indebted.

She has searched through all the collections of documents about the Kelley Metabolic Medicine's Paradigm that she could find from Kansas, Texas, Washington, Pennsylvania, California, and Georgia and everywhere in-between to give you the answers you need and desire.

To Roy Abell; Albert Abrams; Jack Abrams; W.A. Albrecht, Ph.D.; Robert Atkins, M.D.; Robert F. Armeit, M.T.; Megdalia Arnan, M.D.; Dorothy Arnett; Robert E. Arnett; Douglas M. Baird, D.O.; Broda Barnes, M.D.; Ervin Barr, D.O.; Jack Barron; John Bastyr, N.D.; Howard H. Beard, Ph.D.; Rollin E. Becker, D.O.; Henry Bieler, M.D.; Loren Biser; Samuel Biser; Randy L. Black, M.T.; Anne Blair, D.C.; Jeffrey S. Bland, Ph.D.; Paul C. Bragg, N.D., Ph.D.; David L. Braman, D.C.; Wilma J. Bryan, D.C.; Paul A. Buck, Ph.D.; Johanna Budwig, Frank Buell; Dean Burk, Ph.D.; Denis Burkitt, M.D.; Elizabeth Carlile, M.T.; J.E. Carlile, D.C.; Peg Carpenter; Rachel Carson; Emmanuel Cheraskin, M.D.; Peter Barry Chowka; Ann Cinquina; Durwood N. Clader, M.D.; Linda Clark; Irl C. Clary, D.M.D.; Warren Clough, M.A.; Donald Cole, M.D.; Sharon Collard, M.T.; Pat Connolly; Ernesto Contreras, M.D.; Alan Cott, M.D.; John Courtney; Norman Cousins; William D. Currier, M.D.; Johan P. Dahler, D.D.S.; Adelle Davis; Major DeJarnette, D.C.; Kirkpatrick Dilling, J.D.; Bill Dixon, D.C.; Kurt W. Donsbach, Ph.D., D.Sc., N.D., D.C.; Rita A. Dorris, M.T.; Beverly Dotson, M.D.; Dan Dotson, M.D.; Ruth Drown, D.C.; Darrell DuFresne; Jack V. Echtler, M.T.; Teena D. Echtler, M.T.; Catharyn Elwood; Ray Evers, M.D.; Ben Feingold, M.D.; Wayne Fisher; William H. Fisher, D.D.S.; Betty J. Fowler, M.T.; Carlton Fredericks, Ph.D.; Sanford C. Frumker, D.D.S.; Ellen M. Garris, M.T.; Charlotte Gerson; Max Gerson, M.D.; Bob Gibson, M.D.; Gina Glaze, M.T.; M.L. Goetting, Ph.D.; Doris Goetzinger; Harold Goetzinger; Ralph T. Golan, M.D.; Joseph Gold, M.D.; George Goodheart, D.C.; Ed Goodloe; Garry F. Gordon, M.D.; Gio B. Gori, Ph.D.; Edward Griffin; Dennis Gronick, J.D.; Bruce Halstead, M.D.; Darrel Boyd Harmon, Ph.D.; Harold W. Harper, M.D.; Karen Harper, R.N.; Fred Hart; Orville L. Hastings, M.D.; William H. Hay, M.D.; Galen Hieronymus; Raymond W. Hillyard, M.D.; Abram Hoffer, M.D.; Ida Honorof; Beatrice T. Hunter; Dorsey Ingram; Amy L. Jackson; Kristi A. Jackson; Laura Jackson; Willard C. Jackson; D.C.

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Royal Q. Zilliox, M.T; and many others who with personal risks and expense have, down through the years, brought Metabolic Medicine's concepts to you through their creative writing and outstanding work.

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D 0120

DR. KELLEY'S METABOLIC NUTRITION GROUP

DIRECTIONS FOR COMPLETING

RELEASE AND CONTRACT WITH METABOLIC NUTRITION GROUP, ET AL.

DIRECTIONS

Line A Print the State or Province in which you are having this document notarized.

Line B Print the County (or City, if Canadian) in which you are having this document notarized.

NOTE: You may ask the Notary Public to fill in Line A and Line B.

Line C Print your true and correct legal name.

Line D Print your State (or Province) of residence.

Line E Print your correct street address.

Line F Print your City, State (or Province), and Postal Zip code.

Line G Print your Doctor's name and degree above lines.

Line H Print the State (or Province) in which your doctor is licensed to practice.

Line I Print the Day, Month, Year you appear before a Notary Public and sign this contract.

Line J The member must sign his or her usual signature in the presence of the Notary Public.

1. If the member cannot sign his or her name, his or her name may be signed by the Guardian or Parent.
2. The Guardian or Parent must place immediately under this signature "By:" and sign his or her name and state whether Guardian or Parent.
3. If the member signing is a Minor, BOTH his or her parents must also sign Lines K and L.

Line K This line must be signed in the PRESENCE OF A NOTARY.

1. By a Parent or Guardian if Line K is signed by a Minor.

2. By a Parent or Guardian again if Parent or Guardian signed for the member on Line K

3. By Husband or Wife of the member if the Member is married.

4. If the member is not a Minor, and is not married, and does not have a Guardian, write "NONE" and sign his/her name. You are stating under oath that you are not a Minor, you do not have a Guardian, and you are not legally married.

Line L Must be signed in the presence of a Notary Public by your closest Next of Kin. This must be a blood relative. This could be a Parent, Adult Child, or other blood relative — not a Husband or Wife.

1. If Next of Kin cannot go with you to the Notary Public, this document can be sent to him/her; and his/her signature must also be signed in the presence of a Notary Public.
2. If member applicant does not have any living Next of Kin, write "NONE" and sign his/her name.(You are signing under oath that you have no Next of Kin.)

Line M The Notary Public must list State or Province(in which the signature is written).

Line N The Notary Public must list County (or City, if Canadian) in which the signature is written.

Line O/P The Notary Public must print the name of each signature appearing before him/her on K and/or L.

Line Q/R/S Must be completed by the Notary Public. (seal)

Lines T If this document has to be sent to a relative, a person out of town or signed by a person at a different time, this additional Notary form must be completed by the Notary Public Below witnessing the additional signature on Line K and/or L.

D 0120

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RELEASE AND CONTRACT WITH DR. KELLEY'S METABOLIC NUTRITION GROUP, ET AL.

Line
A THE STATE OF ______________)
KNOW ALL MEN BY THESE PRESENT:
B COUNTY OF ______________)

On this day personally appeared before me the undersigned, who, after being duly sworn, testified and stated on his/her oath the following:

I

I am over eighteen years of age, am competent to testify to every fact herein made, all of which is stated of my own personal knowledge, of my own free will, and all of which is true and correct. I am applying for an active membership in **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association).

II

C My true and correct legal name is____

D I am a bona fide resident of the State of__________________

E and my true and correct residence is (street)_______________________________________

F (city)______________________(state)_________(zip code)____________

III

G My primary health care professional is______________________________ Degree __________.

H He/She is currently my attending doctor and is licensed to practice in the State of __________.

He/She is aware of and has approved my use of **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), and its technical staff for metabolic/nutritional counseling. I fully understand that my primary health care professional is treating me and **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al, is providing counseling service with my doctor's approval and under his/her guidance and such changes he/she shall make in my metabolic nutritional program.

IV

I clearly understand that **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), and its staff are acting as consultants, not as physicians of any nature and that they do not and cannot practice medicine. I further understand and have been advised by them that they do not, cannot or will not treat me for any condition whatsoever, directly or indirectly. I will at no time request or encourage them to do any act, directly or indirectly, for my benefit regarding any condition of mine, and at no time will I request or encourage them to perform any act which might be construed as the practice of medicine. I further understand and realize that they will not diagnose, treat or offer to treat any problem which I may have, but serve only as a Metabolic Nutritional Consultant to my doctor. Furthermore, I fully understand that **DR. KELLEY'S METABOLIC NUTRITION GROUP'S,** (an association), program offered to me is a non-specific metabolic nutritional support program only.

V

I further understand that any and all metabolic, nutritional and other suggestions made by them are made as part of the consultation made to my personal doctor in connection with his/her request for metabolic nutritional recommendations to be employed as an adjunct to other modalities. Such suggestions are non-specific metabolic nutritional and/or spiritual or structural etc., being subject to change as my doctor deems fit, based upon his professional judgment and evaluation of me. I further swear and affirm that any of the foregoing which are recommended by **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), or any member thereof, via mail, telephone or any other form of communication, will be discussed by me with my doctor, above-named, and I will proceed only with that part of said total program which meets the approval of my said attending doctor.

VI

I am not an agent, servant or employee of any Federal or State department, governmental unit or agency, nor am I a private agent or agency in any way connected with any of the foregoing. I further swear and affirm under oath that I am not investigating **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al, the above referring doctor, and/or any agent, supplier, researcher, teacher, lecturer, member, technician, counselor, trustee, officer, employee, or estate thereof for or on behalf of any of the foregoing named in this paragraph, nor do I intend to ever aid any Federal or State governmental units, agencies, employees etc., in bringing of any charges, lawsuits (civil or criminal) for damages, malpractice, contempt, or otherwise against **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association),et al, or any fellow member thereof. I further swear and affirm under oath that I am not bringing or will not bring at any time in the future any charges, lawsuits (civil or criminal) for damages, malpractice, contempt, or otherwise against **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al. I further instruct my estate, survivors, and/or heirs to fully agree and comply as a contractual promise and not as an intent. I further comply and agree with this paragraph as a contractual promise and not as an intent.

VII

I further state that it is my true and honest intent not to ever divulge or give out to any government, governmental agency, employee, or agent thereof, or to any private agents any investigative information concerning my metabolic nutritional program, my conversations and/or relationship with **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al, but instead I will refer them directly to my attending doctor. The foregoing statements of intent as well as my statement of intent herein have also been affirmatively agreed upon, contractually, with **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al, by myself as a contractual promise and not as an intent, I further instruct my estate, my survivors and/or heirs to fully comply as a contractual within this paragraph and not as an intent. I do further swear and affirm that I fully understand that any statements that I have made or might make to **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), concerning my purpose for requesting metabolic nutritional consultation, my diet, medication, history, diagnosis, present feelings, ailments, or opinions of myself are true and correct and are only data which is used and may be used by **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al, to more scientifically provide my doctor with a comprehensive metabolic nutritional program to support my doctor's treatment of my condition. I further understand that it is my doctor who is treating me and not **DR. KELLEY'S METABOLIC NUTRITION GROUP,** (an association), et al, and that I will not now or in the future state or imply to the contrary.

DATED AND EXECUTED this ____________day of ___________________20___.

J Accepted and agreed to by_________________________________

Signature of member

K Accepted and agreed to by____

Signature of parent, guardian, husband, wife (Circle one)

L Accepted and agreed to by_______________________________(_______________)

Signature of next of kin (BLOOD RELATIVE) (Relationship)

M STATE OF______________)

Before me in and for said county and state,

N COUNTY OF____________) on this day personally appeared

O __________________________________

P and_________________________ and ____________________________

known to me to be the persons whose names subscribed to the foregoing certificate and acknowledged to me that they executed the same for the purpose and considerations therein expressed.

Q Given under my hand and seal of office this _____ day of ___________20__

R __________________________Notary

S & My commission expires _____________,

(SEAL)

(For use by next of kin who are out of the above area.)

T & STATE OF______________)

Below Before me in and for said county and state,

COUNTY OF____________) on this day personally appeared

____

and_________________________ and ____________________________

known to me to be the persons whose names subscribed to the foregoing certificate and acknowledged to me that they executed the same for the purpose and considerations therein expressed.

Given under my hand and seal of office this _____ day of ___________20__

__________________________Notary

My commission expires _____________,

(SEAL)

Member's **Phone #** _______________**e-mail** _________________________ **FAX #** __________________

Return this Notarized Release & Contract along with the Request for Metabolic Consultation, and $25.00 cash or U.S. Postal Money Order for lifetime membership to:

ACCEPTED and APPROVED

By--
A photocopy will be returned to you.

Membership number is ____________.

DR. KELLEY'S METABOLIC NUTRITION GROUP
D 0120
10545 Washington St., Suite 210
Kansas City, MO 6411